PHILADELPHIA, SEPTEMBER 10, 1881.

ORIGINAL LECTURES.

CLINICAL LECTURE ON DIPHTHERIA.

BY JOHN A. LARRABEE, M.D.,

Clinical Lecturer on Diseases of Children, Hospital College of Medicine, Louisville, Ky.

GENTLEMEN,—I find in the waiting-room this patient, who, though not an infant, illustrates a class of cases to which I wish to direct your attention on this occasion. This patient complains of sore throat,—a term which does not strongly appeal to our sense of the propriety of technical terms, but which, in this case, is nevertheless suggestive. This enlargement here at the angle of the jaw is apparent to you all, and by palpation I find the sterno-cleido-mastoid muscle is elevated by it and there is some stiffness of the neck. Inspection shows the pharynx to be of a dark mahogany-red color and the tonsils studded over with little points of whitish material; and from this examination I take it for granted that the questions I shall now ask will be answered in the affirmative.

"Have you pain in the head?" "Yes." "In both ears?" "Yes." "In which is it greatest?" "In the right." (You observe, gentlemen, the severest pain corresponds to the side most swollen.) "Have you pain in the back?" "No." "Have you pain in your limbs?" "No." "Chilly sensations?" "No." "Do you feel weak and exhausted?" "Yes; have felt so since last Tuesday."

That history, gentlemen, in connection with the local manifestations, is sufficient.

In the first place, our remarks will bear upon that disease known as diphtheria. Perhaps no more important subject can engage our attention for a time. Diphtheria is a disease by no means new. Attention to the literature of the past shows it to have been in existence from the most ancient times. Notwithstanding this is true, authorities in medicine are not at the present time in harmony as to its etiology. Occurring as a sporadic disease, while it may be severe, it seldom results fatally; when it prevails in an epidemic form it is disastrous to human life in proportion as it is a serious malady in sporadic cases.

In regard to the important subject,—its etiology,—in the first place the question arises, is it a contagious disease?—that is, will contact with the breath of the affected person or with the parts produce the disease in a person who is perfectly well? I may as well forestall all argument here and say it will. Diphtheria is a disease of a mucous surface, and is capable of being communicated, as diseases of the mucous surfaces generally are. Even severe catarrhal inflammation attended by secretion of pus may be communicated, and these are communicated with certainty also from one to another.

A very important question as to the commencement of the disease relates to its constitutional or local origin. Is the disease local first and then constitutional, or first constitutional and then local? In the settlement of this question we have the key not only to the treatment, but perhaps to the etiology.

Oertel and many others have found, or think they have, the origin of this disease by the aid of the microscope, in the presence of myriads of little living organisms known as bacteria; and they have even classified these into different varieties as we would classify the different animals. It is supposed by these observers that these organisms, coming in contact with the mucous membrane, produce that which we see in this throat, viz., a diphtheritic patch or false membrane. This theory, then, would necessarily substantiate the local origin of the disease. But, say these observers, the disease, usually at first local and afterwards constitutional, may be first constitutional and afterwards local, because these bacteria may be drawn in with the inspired air and then come out at the throat.

It is best sometimes, in the consideration of these subjects, to group diseases; and I sometimes think the study of diseases and of medicine generally, and especially clinical medicine, is rendered difficult by segregation rather than aggregation. There are certain diseases which should be always regarded in one class, and it is very probable that future investigations will demonstrate that they are due to similar causes. Thus, I would place in one category erysipelatous inflammation, hospital gangrene,

and diphtheria, these constituting a class of diseases which are local and then constitutional, or *vice versâ*. The first proposition admits of demonstration, the last is probably capable of proof.

Take, for example, erysipelas,—a disease which presents itself upon the surface of the body, and generally upon that part of the body most exposed,—not only upon the head, but upon that part of the head most exposed,—the face, and, further, most frequently it appears upon the most exposed part of the face,—the nose. The favorite seat of idiopathic erysipelas is upon the side of the nose. It is a rare thing to find erysipelas attacking parts habitually covered, constantly protected; and when we do, we commonly find associated with it some solution of continuity in which a germ could have been deposited: therefore the proof is in favor of the germ theory of the origin of erysipelas.

Since, then, the atmosphere in which we move and live and have our being is laden with germs capable of producing disease, we are provided by nature with a covering to protect us.

Now, a man who has an erysipelatous patch upon his face frequently notices it before he feels the constitutional symptoms. He consults you, and you ask him questions like these:

Are you sick? No, sir. Have you had a chill? No, sir. Vomited? No, sir. Had no backache? No, sir. Not a single constitutional symptom; but in six hours he will have suffered them all.

Now let us go into a hospital ward and find an individual with a simple wound. To-day it is clean, healthy, red, and granulating; to-morrow it may look dry and free from the laudable pus which bathes the granulations, and a little mycelium scale has formed over it. Now, if you are keen you detect in that condition incipient gangrene. Then, if treatment be not at once instituted, in a short time he has the waxy cast of skin, the pallor, the headache, and the exhaustion. Here we have another form of local disease which afterwards becomes constitutional.

Now, the idea in regard to bacteria seems to me to be a little overdrawn. It seems to me that observers in the future will discover that they have found results rather than causes, inasmuch as from the teeth and gums in health you may get as many bacteria as you can in diphtheria.

Now, how are we able to detect a case of diphtheria? In this case at present the local symptoms are not so well marked, but four days ago had you looked into this throat they would have been distinctly manifest. Let me caution you, gentlemen, to be on the alert for these cases. Whenever there are swollen glands, muscular stiffness, lassitude, headache, an increase of temperature without an apparent cause, examine the throat. Now in regard to differentiation. Is every case of sore throat to be regarded as diphtheria? Certainly not. Then what constitutes the disease? Some of you have practised medicine, and perhaps you have lost a severe case in which were present, in addition to the symptoms I have mentioned, those which accompany the more severe forms of the disease. Now, because you have had such a case, if you are to make it the type by which all other cases must be measured, you will be disappointed. The fetid odor of the breath, the muscular trembling, and the paralysis which sometimes succeeds the attack, are not essential conditions before the disease can be said to exist. With such a standard for diagnosis, you will fail to recognize many of the milder forms of the disease. The attempt has been made to settle this question by saying there are two or three different kinds of diphtheria, two or three varieties of syphilis, scarlet fever, and measles. Now, there is a syphilis, and but one syphilis; the same is true of scarlet fever and measles; but these diseases manifest themselves differently in different constitutions. A seed planted on a hill-side produces one kind of stalk, while the same in a valley produces another. The phases of these diseases will be as varied as the dissimilar systems in which they are implanted. The failure to recognize this fact, along with an insufficient knowledge to render differentiation accurate, has led some writers to recognize a catarrhal diphtheria, while others say a diphtheritic. Such a multiplication of diseases is as unwise as it is unnecessary. Those cases presenting the combination of local and constitutional symptoms will in all gradations, from the mildest to the severest types, be recognized by him in whose mind the features of the disease have been stamped by study and observation as readily as the different nationalities and races of men are distinguished.

In regard to the supposed cause of this disease in cities, as for instance in the epi-

demic which has lately prevailed in Brooklyn and some parts of Massachusetts, where the boards of health have levelled all their blows at the drain-pipes, we may remark that, like a keen hunting-dog, having struck a good scent they stick to it. Having traced such connections between typhoid fever and bad drainage, the tendency is to run everything in that direction.

Out in Leadville, Colorado, I understand, diphtheria rages terribly sometimes. I do not suppose there is a water-closet in the place, much less a sewer. Diphtheria prevails where this gas does not exist.

There is an animal poison capable of reaching into every habitable portion of the globe, and generated wherever human beings have an existence, and that is the poison that results from overcrowding. This poison is generated where miners come together in camps, in soldiers' barracks, wherever people are congregated together. The human family is not different from the rest of animal life in this respect. Every farmer knows the deleterious result from penning up large numbers of sheep together.

Under the old system of fireplaces we heard less of these things, simply because all the ingenuity we could apply could not keep out the cold air; it had to have its supply of air.

Still another morbid condition remains to be differentiated from diphtheria. Essential differences exist between the two conditions, however, though each resembles the other very much in this, that both are characterized by false membranes. In the one case you have the history of the prodromal symptoms, the weariness, lassitude, and headache, and when you examine the pharynx you find the false membrane. The child with the croup is perhaps suddenly seized with stridor, a certain form of cough which, when once heard, is diagnostic for a lifetime, and, more than that, the difficulty in the case of the child with the croup seems to result entirely from the presence of the membrane. Further, this membrane once removed, an apparently healthy surface remains, and with its removal pass away also the symptoms of which the child complained. In diphtheria you may get off the last patch, and in twenty-four hours you may find new ones have substituted those removed. A difference is apparent, too, in the conditions left when nature effects the removal in the two instances. In diphtheria a granulated surface is seen after its removal; in croup a clean, apparently healthy surface. Why, then, if these diseases are so far apart, do we associate them? It is because they are at their extremes so widely different, yet when merged so like in all respects as to require a nice discrimination to decide between them. You may have the larynx invaded by a membrane, and with it all the evidences of diphtheria, and this diphtheritic form of croup is accepted as existing in the nomenclature of medicine. I maintain, gentlemen, that this is diphtheria and not croup at all. This I hold to be true whenever the tendency to recurrence of the membrane exists.

It occurs sporadically by preference in the winter months, and, while the young are especially its victims, it nevertheless is known to occur in extreme old age; while croup is a disease peculiar to infantile life. Again, in croup the deposition of the membrane is confined to the throat; while in diphtheria it may occur wherever there is a mucous membrane; and not only in these situations, but wherever the cuticle layer of the skin has been abraded, a diphtheritic patch may make its appearance. The membrane once expelled in croup, the disease no longer exists; in diphtheria your visits to the patient may have ceased, when all at once the disease is lighted up again, perhaps with renewed severity. Again, it is not unusual to find albuminuria in diphtheria, but very rarely is this manifestation present in croup.

One result among the sequelæ is to my mind pathognomonic as to the nature of the pre-existing disease; that is, paralysis: the involvement of the deeper structures which occurs interferes with the function of the nerves distributed to the parts. Usually the soft palate will hang flaccid for weeks or months. Nothing is more common than to have muscular weakness, if not paralysis, following an attack; a frequent seat of this muscular affection being found in the ocular muscles.

Now, as to treatment. If these points which I have brought forward be true, then nothing seems more conclusive than that our treatment should be both local and constitutional. The constitution, as I have said, is usually invaded before you are called to the case; and, since we regard it as a blood-dyscrasia, that constitutional treatment should be directed to supporting

the life of the blood-corpuscles. You attempt to secure that object in erysipelas and hospital gangrene; and this, as I have said before, is to be regarded as a disease of that type. A disease fraught with danger from the start, you may well imagine, requires not only accurate diagnosis, but prompt and decisive measures of treatment. Muriated tincture of iron, freely and persistently given, should form the basis of your treatment; its astringent property tends to prevent the organization of the membrane, while its effects upon the constitution tend to sustain the life of the patient, and thus enable him to throw off the membrane.

Another point I wish to speak of is this: the use of alcohol has been brought forward as something new by members of the medical profession. Any poison in the blood tending to destroy life by destruction of the blood-corpuscles, as well as by its debilitating effects upon local tissues, indicates a stimulant and a preservative. In alcohol we have the most powerful agent to prevent the destruction of animal tissues. Its stimulant property needs no comments. Give muriated tincture of iron, then, and alcohol with nourishment, but give the iron according to Col. Mulberry Sellers's directions for the use of his eye. Give along with this a whisky-toddy, a milk-punch, or, what is better, Christmas egg-nog, and don't withhold it out of fear of intoxication. The amount of alcohol that can be taken under these circumstances with immunity is astonishing. I have myself given a child, seven years old, a pint of whisky in twenty-four hours, without producing any symptom of intoxication. Now, these, gentlemen, are fundamental principles. Do not, I beg you, in such a case go off into speculations as to the value of carbolites. Carbolic acid is fit for nothing but to smell, and even for that purpose it may be very handsomely substituted. Neither is it necessary to give the sulphites, nor the hyposulphites, nor chlorate of potassium. We have recently seen from Dr. Jacobi, of New York, what we might have supposed before,—that is, that in excessive doses chlorate of potassium is a virulent poison. Then let me insist upon your strict adherence to muriated tincture of iron. Make it a religious duty, and your experience, if it correspond to mine, will give you cause for congratulation.

ORIGINAL COMMUNICATIONS.

DOES ETHER KILL?

BY JOHN GILLESPIE, JR., M.D.

IN the *Medical Times* of June 4, Dr. Roberts reports three cases of death from ether; he also quotes the cases collected by Dawson and by himself. The object of this article is to show that in every instance the death can be proved to have occurred either from disease or other morbid condition or as the result of improper administration of ether. That ether may kill is undeniable, but that it will cause death when properly administered is exceedingly improbable. The proper administration of ether consists solely in watching for the signs of danger: these signs are evident in every case in which ether is doing harm. The action of ether (depressing action) while producing anæsthesia is exerted on the respiratory centres, and death, if it be produced, is produced by paralysis of these centres.

The earlier writers uniformly asserted the perfect safety of ether. Bigelow* mentions but one case in which death followed etherization, and in that case he considers it very doubtful that ether was the cause of death. Snow† mentions two cases of reported "ether death," neither of which he accepts as being such. Dr. Snow, after reviewing his experiments, remarks, "I believe that ether is altogether incapable of producing the sudden death by paralysis of the heart which has caused the accidents which have happened during the administration of chloroform." On the same page is this sentence: "I hold it, therefore, to be almost impossible that a death can occur in the hands of a medical man who is applying it [ether] with ordinary intelligence and attention." Ether has been used in cases in which there was most serious disease of the heart; and I have seen cases of most intense asthenia, in aneurisms of the arch of the aorta, in which ether has been given without any ill effects occurring, either during the time of administration or afterwards.

Ether increases the force and frequency of the pulse and causes a rise of arterial pressure, and there is no serious impairment of this pressure until after decided

* Chapter on Anæsthetics, Piper's Surgery.
† On Anæsthetics.

embarrassment of respiration.* Dr. Roberts's quotation from the report of the Scientific Grants Committee of the British Medical Association† is evidently intended by the committee to apply to the pulmonary circulation, as it is only in connection with that system that anything is said about the depressing action of ether. The quotation which follows shows what the committee reported as to the effect of ether on the heart. After describing the method of conducting the investigation, the committee say, "It soon became evident that when chloroform is given in this way there is at once a most serious effect on the heart; the right ventricle almost immediately begins to distend, and the heart presently stops, with the right ventricle engorged with blood. The heart has often, in the case of rabbits, virtually come to a stand-still within a minute of the introduction of chloroform by the method described. The contrast was most striking when *ether* was used instead of chloroform. Ether may be given for an indefinite period *without interfering* with the heart."

The report also shows that fifty cubic centimetres of chloroform vapor administered in seventy-five seconds will cause complete stoppage of the pulmonary circulation, and that seven hundred and twenty seconds are required to re-establish it; while five hundred cubic centimetres of ether vapor given in two hundred and seventy seconds require only one hundred and eighty seconds for the restoration of the pulmonary circulation.

The report of the committee of the Royal Medical and Chirurgical Society‡ states that with ether "depressing action on the heart is either very slight or altogether absent."

In 1861, a committee of the Boston Medical Improvement Society, in its report upon the "alleged dangers of ether," stated that "there is no recorded case of death attributed to ether which cannot be explained on some other ground equally as plausible."

Almost all writers on anæsthetics mention the signs of danger during etherization, and state that if these signs are heeded the danger may be averted.

Jonathan Hutchinson§ asserts that it is to the use of complicated inhalers that the occasional ill effects of ether are due. Be this as it may, it is a fact that in many of the cases of reported death from ether, complicated inhalers have been used. Dr. Sawyer‖ declares that ether is as safe as an anæsthetic may be.

The first death reported by Dr. Roberts is that of a woman who was operated upon for fibrous anchylosis of the hip and knee. The woman had been etherized several times before without ill effects.

The autopsy showed that there was very general disease of the heart, although no particular part was very far advanced in disease. Sudden deaths occur every day from just as slight cardiac disease without any apparent exciting cause, while this woman had been greatly frightened not more than two or three minutes before etherization. The signs of cardiac weakness, feeble and rapid pulse, were first observed. The woman was breathing quietly and regularly until between forty and fifty minutes after the alarm was excited.

How can we reconcile this condition with the statements of the English Chloroform and Scientific Grants Committees?

Further, Dr. Roberts says that a "marked feature of this case was that almost every organ presented some noticeable change, although no organ had the characteristic appearance of any distinct disease."

Was this woman in a condition that would enable her to endure the shock of breaking up strong adhesions of the hip? After taking into consideration the condition of the woman before anæsthesia, the fright which she received, and the manner of death, it is but just to conclude that the death was caused, not by *ether*, but by *natural causes*. Particularly is this true since a death under similar circumstances —except that no anæsthetic was used—is reported by Dr. H. H. Smith.¶

The second case reported by Dr. Roberts is that of a man whose thigh was to have been amputated for necrosis of the femur. "There were many large sinuses, discharging large amounts of pus." Twenty grains of chloral hydrate were given to the man before etherization, and before the operation had been commenced collapse occurred and the man died.

Here was a man who was "run down"

* English Chloroform Committee.
† British Medical Journal, vol. ii., 1880.
‡ Transactions, vol. xlvii.
§ British Medical Journal, vol. ii., 1880.

‖ British Medical Journal, vol. ii., 1875.
¶ Proceedings of the Philadelphia County Medical Society, Medical Times, June 4.

by long-continued suppuration,—one by whom any cardiac depression would be badly borne. Therefore, when the well-known uncertainty of the effects of chloral is considered,—especially since the manner of death corresponds so well with that of death from chloral,—is it not very probable that death was caused by the chloral and not by the ether that was administered?

The third case reported by Dr. Roberts was that of a lad, aged nineteen years, with anchylosis of the knee, who was subjected to tenotomy and forcible straightening of the limb. After the operation, the boy rapidly recovered from the effects of the ether, and when he was removed from the operating-room was conscious and rational. Fifteen minutes after he was taken to his room he showed symptoms of asphyxia and congestion of the lungs, and died in one and one-fourth hours.

Here is another discrepancy. The Scientific Grants Committee's Report distinctly states that after complete stoppage of the pulmonary circulation and the consequent production of congestion of the lungs, this circulation is restored in three minutes; and yet in this case we have congestion of the lungs showing itself fifteen minutes after the boy had recovered from the ether. For years the boy had suffered with caries of the spine, which was very likely to have caused organic disease of the kidneys. At the post-mortem the lungs were found to be œdematous. The kidneys were not examined. It is to be regretted that the kidneys were not examined, because, as was said in the editorial comments on Dr. Roberts's paper, œdema of the lungs frequently occurs suddenly in the course of disease of the kidneys, and produces death in the same manner as this boy died. Here, then, is a physiological reason why death could not have been caused by ether, and the suggestion of a probable cause of death. After looking at the cases from this stand-point, can any of the three cases be said to have been a *bona fide* case of "ether death"?

The cases of death from ether which were collated by Dawson* are eighteen in number. Of these, Dawson rejects nine, while Roberts accepts three cases which Dawson rejects, and rejects one which Dawson accepts.

In the following review of these cases, no notice will be taken of those which are rejected by both Dawson and Roberts, or of those cases in which any anæsthetic save ether was used. The number attached to each case is that which is assigned it by Dawson in the original article.†

Case IV.—Male, æt. 14, of strumous habit. While ether was being administered, and *after* the face had become intensely red, it was announced that the pulse was failing, and the ether was withdrawn and the operation concluded without any attempt to resuscitate the lad. Shortly afterwards the pulse became imperceptible and the boy died. The ether was administered in such a manner as to exclude air entirely.

Bigelow‡ intimates his belief that if proper treatment had been adopted the lad would not have died.

Case VIII.—A patient at the Homœopathic Hospital, New York, was etherized, and during etherization the pulse, which was watched very carefully, failed, and the man's face suddenly became blue.

Ether does not affect the respiratory centres suddenly, and the chances are that had the respirations been observed as carefully as the pulse, the man would not have died.

Case IX.—Male, æt. 74, inhaled one-half pound of ether and commenced coughing; his face became livid. The ether was withdrawn and the operation finished.

Here the charge of negligence will again hold, for no attempt at resuscitation was made.

Case X.—Female, æt. 45, was operated upon for cancer of the uterus. After anæsthesia had been produced, the ether was administered by a female attendant, and when the physicians again noticed the patient's condition she was pulseless and breathless. At the post-mortem the lungs were found gorged with blood.

Is it not possible that an embolus may have been carried from the uterine veins to the pulmonary artery and thus have produced the pulmonary engorgement? Or does the charge of improper administration have any force?

**Case XIII.*—After recovering from ether, the woman died. There were stertorous breathing and coma. The symptoms did not present themselves immediately. At the autopsy, cerebral hemorrhage was found.

If ether had caused the hemorrhage, it would have occurred when the cerebral and cardiac excitement were greatest.

* British Medical Journal, vol. i., 1878.

† Cases marked * are rejected by Dawson and accepted by Roberts.

‡ British Medical Journal, vol. ii., 1873.

**Case XIV.*—Male, æt. 69, operated upon for strangulated hernia. Clover's inhaler used, and the man breathed only expired air and ether for some time. He struggled violently, his lips became blue, and the pulse failed. Respiration continued for some time after the pulse became imperceptible. At the post-mortem, the heart and lungs were found diseased.

This death is just the opposite of what "ether death" should be, and is very like death from collapse; and in what cases would death from collapse occur if not in cases of strangulated hernia?

Case XVII.—Male. After recovering from ether the patient was carried through an open court-yard about fifty yards in length. Death occurred in one and one-half hours.

The symptoms and manner of death are very much like those of Dr. Roberts's third case. The lungs were œdematous. Nothing is said as to the condition of the kidneys.

Case XVIII.—Female, æt. 45. Cancer of breast. After a few inspirations the face became turgid, and death ensued fifteen minutes later. At the autopsy, the lungs were found to be filled with cancerous deposits. The ether was administered from a leather cone with two openings in it. Death was from asphyxia, easily produced because of the condition of the lungs and facilitated by the use of an impervious cone.

The report of the case quoted by Dr. Roberts in his summing up shows that twenty inches of intestine were strangulated, that this intestine was becoming gangrenous, and that peritonitis had set in. Was there not sufficient cause for death in this instance? And would not death have followed whether the anæsthetic had been used or not?

In the original report of Mr. Hartley's case* a probable cause of death is given.

As was mentioned by Dr. Roberts, there is an account by Mr. Burton and Dr. Jacobs† of the deaths from ether which have been reported in the journals of Great Britain. The writers state that in almost every case some other cause than the effects of ether can be assigned as the reason for the death. The article states that since 1870 there have been reported one hundred and twenty deaths from chloroform and eleven deaths attributed to ether.

Many of the cases recorded here are reported by Dawson, and the greater number of those not given by him and mentioned by these writers are reviewed in this article.

In Dr. Dandridge's case‡ the patient had suffered for a long time with an abscess of the thigh which opened in the popliteal space. The woman was very anæmic in consequence of the drain on her system, and also from almost constant vomiting. The woman had been etherized several times before, when she was apparently in a much more enfeebled condition. The administration was proceeding very satisfactorily until, suddenly, the breathing stopped and she became pulseless. She was partially revived by appropriate treatment, but respiration gradually failed.

Here, also, because of the time elapsing from the time of inhalation until death occurred, "ether death" is improbable. There is also the possibility in this case of an embolus having been lodged either in the brain or in the lungs. The head of the patient was lowered to prevent anæmia of the brain. One and one-half pints of brandy were given her per rectum and by hypodermic injection. The amount of alcohol was sufficient to produce paralysis of the cerebrum. It is well known that large doses of alcohol decrease the force of the heart by direct action on the heart-muscle, and lessen the frequency by stimulation of the inhibitory apparatus at first, but finally the frequency is increased by paralysis of the inhibitory nerves.

In cases of congestion of the lungs or other diseases which interfere with respiration, we support the patient in a semi-recumbent position. Why, then, should this woman have had her head lowered? According to the report of the case, the danger was first exhibited by the respiratory system. Why should congestion of the lungs caused by ether be treated in a less rational manner?

I have not had access to the other cases quoted by Dr. Roberts.

After looking at the cases from this stand-point, can any one of them be said to be a genuine case of "ether death"?

THE twenty-fifth anniversary of Dr. Rudolf Virchow's appointment as Professor in the University of Berlin is to be celebrated on October 13.

THE degree of LL.D. was conferred by Yale College, at its late commencement, upon Prof. Austin Flint, of New York.

---

* Lancet, vol. ii., 1880.
† British Medical Journal, vol. ii., 1880.
‡ Cincinnati Lancet, October 30, 1880.

ILLUSTRATIONS OF THE USE OF LARGE HYPODERMICS OF MORPHINE AND THE DANGERS ATTENDING THEM.

BY E. T. BLACKWELL, M.D.

HYPODERMIC medication, in furnishing a means of speedy relief from pain, has made the average sufferer impatient of the delay necessary to a correct elucidation of its cause and clamorous for the application of a remedy; the bystanders also, especially in cases of abnormal nervous manifestations, often joining in the demand for instant succor, and bringing a pressure upon the physician that may cause him to hasten and obscure the final diagnosis. If the practitioner is a routinist, he is apt to resort to hypodermic application in cases where great pain might be looked for; but where, from shock or other cause, but little is felt, the unreflective or impulsive man does not appreciate, till too late, that the remedy, when placed within the integument, is to a very considerable extent beyond his control.

The following cases, in which it was necessary to push the administration of morphine to the extreme limits of safety, and in which, though great caution was observed, a perilous condition was developed, are recorded for the benefit of any who may be obliged to use medicines in this prompt and efficient but hazardous way.

Case I.—Mrs. E. A. W., brunette, 30 years of age, commenced to menstruate previous to her twelfth year, the flow being always profuse and attended by very severe headaches and confinement to bed for two or three days. She was subject to sick-headache when exposed to unusual excitement or fatigue. Her mother had a like experience.

Mrs. W.'s second pregnancy occurred in the spring of 1877. Near the end of her term she was taken with excessive tightness of the chest, and a feeling of suffocation, for which she was bled, with complete relief. On January 11, 1878, after a rather easy labor of a few hours' duration, she was safely delivered of twins. Notwithstanding the satisfactory conclusion of the process and the exemption from loss of blood, she had a light swoon soon after, but was left comfortable and composed. A general peritonitis succeeded almost immediately, her convalescence from which occurred about February 10.

One day, in the week following, she had a succession of calls, followed by extreme nervousness and a uterine hemorrhage. For this she received a hypodermic injection of morphine, with Hance's extract of ergot. During the month of March each infant in succession had severe pneumonia. From the constant mental and physical strain, she had, on April 13, a headache that seemed overwhelming in its intensity. The acutest distress appeared to be in the superior convolutions of the brain. She clutched her hair desperately, at one time bringing away a handful that was long retained in her grasp. She vomited occasionally, and the nausea was great. A hypodermic of morphine, estimated at a half-grain, was gradually administered, completely relieving the head and checking the vomiting, though the nausea continued for some time.

On May 6, there was a recurrence of the seizure, extraordinary in its violence, compelling resort to the hypodermic of morphia, which was supplemented by chloral and guarana. On the 11th of June, the 21st of July, and the 7th of August there were recurrences, connected with the sickness and death of the infants from cholera infantum. These attacks were treated as before. The rest of the year, her cares being less, there was a respite from these monthly scourgings; but on January 26, 1879, there was an outbreak, which was subdued in the usual way, as was also the case April 6. During the summer months the suffering at the periods was not so extreme, and was alleviated by chloral and inhalations of ether and chloroform, administered by the husband, while the system was strengthened by constant use of syr. ferri bromidi. A thorough trial was made, during the several menstrual periods, of the fluid extract of ergot. In the autumn there is a history of monthly recurrences of the agony in the head and the accustomed resort to the use of morphia. Up to the last of this year, the amount of the medicine inserted at each period did not probably exceed a half-grain, which was administered very gradually and cautiously, the time occupied being from one to two hours. The beginning of the year 1880 was signalized by an outbreak on January 18, to be succeeded by a most terrific one on February 16. Relief was attempted by the inhalation of equal parts of stronger ether and chloroform, but, notwithstanding the pulse was nearly extinguished by their intense action on the heart, the pain abated but little. A hypodermic of morphia was now given, with a few drops of fluid extract of belladonna, which was followed, not long after, by symptoms of opium-poisoning. An additional amount of belladonna was given subcutaneously, and elixir of strychnia and whisky by the mouth, the unfavorable effects passing off in the course of two or three hours. Deeming that the menorrhagia had produced anæmia, the taking of bromide of iron was insisted on during all the intervals. The successive periods were variously passed, sometimes being endured through the inhalation of anæsthetics, or by an occasional dose of morphine by the

mouth. On the 27th of August the headache reached its acme at 9 P.M., when a half-grain of morphine was given beneath the tissues; in the course of an hour another half-grain was given. Leaving her towards eleven o'clock, not fully relieved, her husband resumed the exhibition of the chloroform mixture, which had also been used previous to my visit. While breathing this she became unconscious, a leaden blueness overspreading the face and hands, from imperfect respiration. When five drops of extract of belladonna had been exhibited subcutaneously, the blueness disappeared. A hypodermic of two grains morphia, with five drops belladonna extract, on the 30th of September and 20th of December respectively, closed the year. The new was greeted with a fresh attack, resulting from the fatigue attending the holiday hospitalities. From three to five o'clock P.M. of January 1 she received beneath the cutis two grains morphia and twelve drops extract of belladonna, which were to be supplemented, as required, by five grains chloral and ten minims elixir valerianate of zinc. Hitherto the quantity of morphine exhibited was estimated. I now resolved that I would ascertain the exact amount used by weight. An opportunity occurred on January 24, when she received morphine and belladonna in the amounts and at the intervals here indicated. The salt used was the acetate, an extemporaneous solution being made by the addition of vinegar.

7.10 P.M.—	Morphiæ acetas,	gr. ½;	ext. belladon.	fl.,	gtt. ij
7.35 P.M.—	do.,	gr. ½;	" "	"	gtt. ij
7 45 P.M.—	do.,	gr. ½;	" "	"	gtt. ij
8 P.M.—	do.,	gr. ½;	" "	"	gtt. ij
8.25 P.M.—	do.,	gr. ½ approx.	"	"	——
	Amount, 2½ grs.				gtt. viij

The patient at this time was having a flow, attended with pain in the back and occasional small clots; and, as she had missed a menstrual period, it is possible that an impregnated ovum passed away. The pain and clots continuing, on the next day she received medication as follows:

4.30 P.M.—	Morph. acet.	hypodermically,	gr. i
5 P.M.—	"	"	"	gr. ½
5.10 P.M.—	"	"	"	gr. ½
5.35 P.M.—	"	"	"	gr. ½
				gr. 2½;

with 3 grains Hance's extract of ergot.

January 26.—The patient failed to sleep, complaining of pain and itching, from the last of which she often suffers. I determined to test the effect of atropia, giving the officinal solution of the sulphate, as follows:

10.25 A.M.—	Liq. atropiæ sulph., hypodermically	gtt. ij
10.35 A.M.—	Liq. atropiæ sulph., hypodermically	gtt. ij
10.45 A.M.—	Liq. atropiæ sulph., hypodermically	gtt. ij
10.55 A.M.—	Liq. atropiæ sulph., hypodermically	gtt. ij,

equal to one-thirtieth grain.

No result followed, the pupil being unmoved; neither was the pupil contracted to any great degree when most under the influence of the morphine. At the evening visit recourse was again had to morphine.

7.30 P.M.—	Morph. acet. (by weight),			gr. i
7.45 P.M.—	"	"	"	gr. i
8.10 P.M.—	"	"	"	gr. i
				gr. iii,

as appears by my notes, though my recollection is that there was another injection of one grain.

January 27, 7 P.M.—Mrs. W. has slept scarcely any during the last three days,—an hour, perhaps, on the evening of the 25th. I prescribed for her as follows:

℞ Chloralis hydrati, ℥ij;
Ext. glycyrrhizæ fl., ℥ss;
Aq., ℥iiss.—M.

S.—A teaspoonful to be taken every hour, till relieved.

That night the patient slept reasonably, but on the following night, when the nurse doubled the dose, she became delirious.

Case II.—Mrs. M., aged 42, became pregnant near the close of the year 1879, and was immediately affected with great nausea and vomiting, which were very persistent, extending in varying degrees during the greater part of her term of gestation, reducing greatly her strength and compelling constant confinement in bed. She was seized with spurious pains on August 31, for which, at 7.30 P.M., she received a hypodermic of morphiæ acetas. On September 1 she had recurrence of the pains, and from 6 P.M. to 10 P.M. she received one and a half grains, with eight drops fluid extract of belladonna. September 2, from 4 A.M. to 6 A.M. she received two grains, with belladonna extract. September 3, at 4 A.M., she was taken with genuine labor-pains, the agony of which was tempered by anæsthetics, and the efficiency of which was enhanced by ergot. The babe, weighing twelve pounds, was born, lifeless, at 8 A.M. In the evening she was complaining of pain about the loins, and of nausea and fever, the pulse being 106. From 7 P.M. to 9 P.M. she received a hypodermic of morphine, and was ordered the following medicine:

℞ Potassii citratis, ℥j;
Acid. hydrocyan. dil., ♏xx;
Tinct. opii deodorat., ℥j;
Aq. menth. pip., ℥iij.—M.

S.—A teaspoonful to be taken every two hours. A grain of calomel was also to be taken every two hours till the bowels should respond.

September 4, 8 A.M.—The patient has slept none during the night, the pain in the side remaining unabated. Pulse, 112 to 120.

From 8.30 A.M. to 9.30 A.M. she received

one and one-quarter grains of morphine, with five drops of belladonna extract.

September 5.—The patient has rested fairly, enjoying many short periods of sleep. She has had one free and two or three smaller evacuations of the bowels. She reports having had a "weak spell." Her pulse marks 112, but is easily excited to 120. Calomel withdrawn.

At 7 P.M. she was vomiting greenish water, and the bowels had been several times moved. Ordered—

℞ Sodii bicarb., gr. xxiv;
Ac. hydrocyan. dil., ℥v;
Aq. creasoti, ʒi;
Glycerinæ, ʒiij;
Aq. cinnamomi, ʒiiss.—M.

S.—A teaspoonful every half-hour.

September 6.—The patient rested perhaps for three hours. Pulse 90. Ordered—

℞ Bismuthi subcarb., ʒij;
Aq. creasoti, ʒi;
Glycerinæ, ʒiij;
Tinct. opii, ʒss;
Ext. krameriæ fl., ʒss;
Aq., ʒijss.—M.

S.—A teaspoonful every hour.

During the 7th, 8th, and 9th the patient's condition appeared good, the pulse varying from 85 to 90 per minute. She took moderately of quinidiæ sulph. On the 10th, at my morning visit, she complained of pain and stiffness of the jaws, inability to open the mouth, and difficulty of swallowing,—of trismus, in fact. She was ordered chloroform liniment, the former medicine to be continued with pills of opium. At 11 P.M. I was summoned, the patient suffering agonizing pains at the insertion of the deltoid muscle. In the course of two hours she received subcutaneously one and a half grains of morphine.

September 11, at 10 A.M., her pulse was very quick, reaching 132 per minute whenever she was raised to the sitting posture. Ordered—

℞ Chloral. hydrat.,
Salicin., āā ʒss;
Liq. acidi hydrobromici, ʒvj;
Ext. glycyrrhizæ fl., ʒij;
Aq., ʒij.—M.

S.—A teaspoonful to be taken every three hours.

At 4 P.M. the pain returned in such an agony about the nucha and the lower part of the back that the sufferer demanded instant relief, utterly refusing to allow any investigation of the affected parts. The time occupied in the insertion of the remedy was two hours, the amount of morphine used being estimated at two and a half grains. At 9 P.M. her pulse was very rapid; the respirations also were shallow and quick. Death occurred about 11 P.M.

Case III.—Jesse M., a healthy young man, who had recently left the farm to run a button-hole machine in a clothing-factory, after a few days of malaise and defective appetite, during which he worked extra hours, passing a whole night closely engaged, was taken, at 3 P.M., August 27, with violent convulsions, attended with frothing at the mouth and grinding of the teeth. In the course of three hours, during which he took, by inhalation, two ounces of chloroform and some stronger ether, he had many fits of extraordinary violence.

At 6 P.M. he received subcutaneously one grain acetate of morphia, which quelled the violent manifestations. At 10.30 P.M. a half-grain additional was given. At midnight I was called, the messenger saying that the breathing was peculiar. I found his respiration snoring and only six per minute. Gave a hypodermic of three drops ext. belladonna. In an hour the respiration arose to between seven and eight per minute, after which he rested well till morning. The treatment was continued a few days on general principles, there being no return of the paroxysms.

My experience would lead me to be very cautious in repeating hypodermic injections of morphine after the patient begins to come under its influence, and either to await its full development or to return subsequently, if fear is felt as to its sufficiency, and deepen the effect if then thought necessary.

In the *Medical and Surgical Reporter* for September 11, 1880, is an abstract from the *Practitioner* of June, 1880, of "Cases Illustrative of the Advantages of using Morphia very freely," the relation being such as to convey to the mind of the reader a belief in the safety of enormous doses given hypodermically. Three grains were gradually injected in a case of delirium tremens; two days subsequently two grains were given, without effect; and two days later five grains of acetate of morphia were given, apparently without interval. The outcome was good; and this bright side of success is presented for our admiration, while the darker side of danger remains in shadow. The result is an overweening confidence on the part of the incautious and inexperienced. No one, whatever his skill, can afford to exhibit these heroic doses without bearing constantly in mind the risk he incurs, and the possibility of passing the line of safety and causing the death of the patient,—an accident that has so frequently befallen that a dread of the method exists among the people, leading them to oppose it in many instances in which it seems to be the only available procedure.

A CASE OF POISONING BY ONE OUNCE OF LAUDANUM—USE OF ATROPIA—RECOVERY.

BY S. J. RADCLIFFE, A.M., M.D.,
Washington, D.C.

AT about 9.30 P.M. of May 4 last I was called to see V. T., a young woman about 23 years of age, of fine physique and appearance,—one of the *demi-monde* of the better class,—who I was informed had taken, about half an hour or more previously, a small vialful of laudanum with suicidal intention,—the messenger, as I discovered afterwards, happening to be her lover, with whom she had had, no doubt, some misunderstanding, and who was evidently much agitated.

I found her lying in bed *en déshabille*, somewhat sleepy-looking, indifferent to my entrance, careless to answer questions, apathetic as to her condition. She admitted she had taken the vial of laudanum (pointing to an empty ounce vial on the wash-stand near), and with the intention of taking her life. She was angry that I came in, and wished that I would let her alone and let her die, as she did not want to live. She would give no reason for her rash act further than is intimated above.

The vial contained but a few drops of the liquid, which upon examination proved beyond doubt to be tincture of opium. She had taken the label off, she said, to avoid detection as to where or when it was bought or for what purpose. I traced the purchase of it, however, to a neighboring drug-store, and found the only difference in her description was—as recorded on the druggist's poison-book—that she had given Fourteenth for Thirteenth Street, and had changed one figure in the number of the house, which was done of course intentionally and evidently with the purpose of deceiving.

At first she resisted stubbornly all efforts made to examine her; but, finding I was positive about it, she submitted and allowed me to proceed, until I was informed of her real condition.

I found her pulse full and strong, beating about 64 per minute; breathing slow, easy, and without special note; was disposed to close her eyes and sleep; pupils but slightly affected; and altogether she was in a condition denoting that peculiar quietude and *abandon* preceding narcotism.

As I was satisfied she had taken the laudanum, I told her she must not lie there and die without an effort being made to save her, and I took her by the arm and pulled her out of bed and placed her on a chair near by.

I had in my pocket forty grains of sulphate of zinc in two powders, one of which I administered at once and the other in ten minutes after, without any effect. I then had warm water and mustard brought, and gave her large draughts of mustard-water, and induced her to tickle her throat and thrust her finger down as far as she could, when she threw up a mouthful or two of fluid smelling strongly of opium.

As this opium odor indicated that it had not all been absorbed, I then sent for one drachm more of sulphate of zinc, in three parts, and administered it, one powder after another, at intervals of ten minutes, without producing free emesis. Only a little fluid was vomited, and then only as it was assisted by warm mustard-water.

Her condition was now becoming alarming, and it was with great difficulty we could keep her awake or on her feet. If she sat down on a chair, her head would fall over on her breast or on her shoulder, and she would breathe heavily and seem oblivious to everything around; and if we attempted to walk her, she would stumble and fall, and had to be held up by main force. She was not conscious enough to control her actions or movements in the least, and we had to abandon walking for a while.

Fortunately, I had with me a solution of sulphate of atropia (one grain to the ounce of water), which I had brought with me from my office to use in case of emergency. I injected now ten drops hypodermically, representing $\frac{1}{48}$ of a grain of the atropia, and returned home for my stomach-pump, hoping still to make it of use in relieving the stomach of any remains of the drug, leaving instructions to keep her awake if it could be, and up and moving about as much as possible; to continue dousing her face and head with cold water, flapping the towel in her face and slapping her cheeks if necessary.

It was now nearly or quite twelve o'clock,—nearly two hours and a half since I first saw her; and her condition seemed desperate indeed. She had not responded to treatment so far; absorption had gone on so rapidly that she was pretty well under

the influence of the narcotic,—indeed, might be said to be completely narcotized. The insensibility of the stomach was such that it could not be acted on sufficiently; it had been relieved of only a part of its contents, and I had but little hopes of doing much more, except what might be expected from the atropia. With a view of putting this remedy to a proper test, I now gave her another hypodermic injection of sulphate of atropia ($\frac{1}{48}$ of a grain), and with the assistance of two persons in the room I introduced without trouble the stomach-tube, and after a few motions of the piston of the pump, in order to introduce clear water, as if the atropia was beginning to show its action, spasmodic contraction of the stomach took place, and, forcing out the tube, quite half a gallon of fluid with but little odor of opium followed; and the emesis continued in two or three straining efforts, emptying the stomach of the greater part of its contents. I introduced the stomach-tube again, and pretty thoroughly washed out the stomach, until the washings became unmixed and nearly clear and without odor. This had the effect of arousing her somewhat, and she yielded to further treatment without objection; so in a little while—say towards one o'clock A.M.—she began to show signs of consciousness and replied to some questions asked her. Her pulse was weaker, a little thready and irregular and quicker, and respiration had also quickened, and the surface-temperature had much diminished. If she attempted to open her eyes, the light would dazzle them, so that she would quickly close them to shut out the glare, or would look at an object sideways or close one eye and look at it at different angles, and seemed more like one under the influence of atropia with dilated pupils than like a person under the influence of opium. She could scarcely look at the gaslight, though her pupils were not much dilated above a normal condition. We walked her up and down the room and watched her with increasing interest, and the first good evidence of returning consciousness that she exhibited was that she asked repeatedly what made her itch all over so. This itching, she said, was most intolerable, and seemed to harass her beyond measure, and she asked to be rubbed and scratched with a metallic brush she picked up, which she used freely herself about her arms and shoulders. It seemed to annoy her exceedingly; and the more conscious she became, the more distressing it seemed to be to her. There was quite an efflorescence over most of the body, quite perceptible especially over the neck and arms, and from this condition the unfavorable symptoms gradually subsided and the progress of the case was entirely satisfactory. This efflorescence appeared to bring warmth to the skin and brilliancy to the complexion and heightened the activity of the patient, as she moved with steadier gait and conversed with more vivacity, though still drowsy to a great degree. I stayed with her until 1.30 A.M., when I considered her out of danger, and left instructions to watch her for at least an hour before allowing her to lie down, and directed that some one should watch her until daylight.

I saw her again at 9 A.M., and found her quite recovered and in fair condition under the circumstances. Some nausea remained, and some fulness of the head, for which I directed a small cup or two of strong coffee to be taken during the day. At 9 P.M. her condition was still good and required no further treatment.

Note.—With a view to contribute something to the literature of the antagonism between opium and atropia, I report the above case. It is true the quantity taken was not so large as has been reported by others, yet the toxic effect was such as to cause great anxiety as to the results, and the treatment proved that its degree was not overestimated.

There is no rule yet observed to gauge the quantity of an agent necessary to produce toxic action or make a lethal dose, as what might prove a lethal dose to one might not prove such to others. It seems to depend entirely upon idiosyncrasy or susceptibility.

Bartholow says it is a very difficult matter to determine the amount of poison necessary to constitute a lethal dose, for comparatively small doses of opium and laudanum have sometimes proved fatal, according to Taylor and other reliable authorities; and, on the other hand, no less than eight ounces of laudanum have been taken without injury;* and therefore it is nothing against this case that the amount of laudanum taken was only one ounce. The condition of the pupils,

* Cartwright Lectures.

the pulse, the respiration, the impairment of muscular power, the stupor, all pointed to the toxic action of the drug.

The case was seen somewhere within an hour after the laudanum was taken, as reported to me, before, probably, all of it was absorbed from the stomach,—time, however, sufficient for it to more than begin its action upon the heart and nervous centres; but the treatment was begun actively and was kept up promptly without loss of time until the patient was out of danger.

From the continuously active treatment employed and persevered in throughout, at no time was the patient profoundly narcotized, nor did marked coma or stertor decidedly supervene, though there was deep stupor, and grave apprehensions existed as to its tendency towards coma; yet it might and probably would have been the case if it had been left undisturbed and without treatment for any length of time longer, for absorption was continuous, and in about two hours, in spite of treatment, the patient was in great danger, and was aroused only with the greatest difficulty.

While the case may not, however, be considered a typical one of opium-poisoning, when the case was seen first *in extremis*, and in which atropia was used only and as a last resort, upon whose perfect and complete antagonism the proof of its real therapeutic action could be based, yet it was one in a marked degree offering all the symptoms of the gradual but continued action of the drug; and its favorable issue seemed so much to be the result of a right line of treatment that the belief is warranted that atropia aided very greatly, or was a prominent factor, in bringing about that result, although a source of fallacy, as Bartholow says, in estimating the validity of the antagonism in these cases is the fact that in the greater number of them various approved agents, such as emetics, the stomach-pump, faradization, ambulation, flagellation, etc., were made use of in addition to the antagonist, most of which were used in this case.

The quantity of atropia used was about $\frac{1}{24}$ of a grain in all, and the antagonism seemed to be well balanced and sufficient. The slight efflorescence and the state of the pupils when the patient became conscious indicated that there was rather a preponderance of the antagonist; but the more or less stupid condition in which she remained for several hours after, and the want of more manifest symptoms, refuted this idea. Bartholow says, "In some actual trials I have found that $\frac{1}{20}$ of a grain of atropia is about equal to one grain of morphia in toxic power," which is above the quantity I employed in this case,—nearly double; and Phillips observes that in certain patients poisoned by opium an intense irritation of the skin, with intolerable itching, and sometimes even the production of a sudaminous rash, has been observed,—these effects resulting both from the external and from the internal use of opium.*

1211 F St., N.W., Washington, D.C.

A CASE OF ILIAC ABSCESS SIMULATING COXALGIA.

BY CHARLES A. CURRIE, M.D.,
Resident Surgeon to the Episcopal Hospital.

JOSEPH G., aged 9, was admitted into the hospital on May 5, 1881, with the following history.

Two weeks before admission he had a fall from a pile of lumber, dragging after him a board, which fell across his abdomen, striking with most force on his left side. He was able to rise and go home, not mentioning the circumstance to his parents. The following week he complained of a slight pain in his left side in the region of the iliac fossa, which was increased by any effort at walking, causing him to limp with the left leg. He was shortly afterwards brought to the hospital for what his parents supposed to be hip-joint disease, and carefully examined by Dr. Wm. S. Forbes, the attending surgeon, who found him suffering from the following symptoms. When lying on his back, the left thigh became strongly flexed on the abdomen, which, being straightened as far as possible, caused a very marked anterior curvature of the lumbar vertebræ; the foot was everted; pressure over the site of the injury caused a good deal of pain, but no external evidences of the injury were noticeable. From this time he evinced considerable febrile disturbance, the temperature ranging from 99° in the morning to 103° and 104° in the evening. There was no posterior angular projection of the vertebræ, nor tenderness over them,

* Materia Medica and Therapeutics.

as would exist in a case of Pott's disease. The affection was at this time thought by Dr. Forbes to be intra-abdominal.

On the morning of June 3, while dressing the case, I noticed a slight redness about an inch above Poupart's ligament and towards its outer third, which was very tender to the touch, and to which I drew the attention of Dr. C. T. Hunter, the visiting surgeon at that time. The next morning it showed distinct signs of fluctuation and the general characteristics of an acute abscess, which the doctor then opened, and immediately there welled out a large quantity of healthy pus: it contained no necrosed bone. On passing the finger into the opening thus made, it went directly into the cavity of the abscess, which was found to rest on the venter of the ilium. It was possible to almost completely encircle the psoas muscle; and further examination showed that the abscess had no communication with the sheath of that muscle. A drainage-tube was then inserted and the abscess poulticed. The temperature fell almost to normal, and the lad's general condition markedly improved. A week later the tube was withdrawn and the edges of the sinus allowed to granulate, which began to close up; and on July 8 he was discharged recovered.

The case was peculiar on account of its presenting symptoms similar to those of coxalgia,—viz., the deformity consisted in the thigh being flexed on the abdomen, the leg on the thigh, and the foot being everted. When standing on his feet, the weight of the body was borne entirely by the sound limb, and the fold of the nates was entirely obliterated on the affected side. Opposed to these symptoms were pain confined to the iliac region almost entirely; no tenderness on pressure, either over the anterior face of the hip-joint or between the great trochanter and the tuberosity of the ischium. Another point which militated against its being a case of coxalgia was the fact that the three points—viz., the tuberosity of the ischium, great trochanter, and the anterior superior spinous process of the ilium—were all in perfect line. Psoas abscess was ruled out from there being no history of disease of the vertebræ, no tenderness in the lumbar region, and no curvature; so that it proved to be simply a case of abscess of the venter of the ilium due to a traumatic cause, which in time recovered perfectly.

NOTES OF HOSPITAL PRACTICE.

UNIVERSITY HOSPITAL.

CLINICAL SERVICE OF JOHN ASHHURST, JR., M.D., PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF PENNSYLVANIA.

Reported by GUY HINSDALE, M.D., May 14, 1881.

HYDROCELE.

THIS man has the history of a tumor in the scrotum, of long standing. It has been tapped six times, and he is now anxious for radical treatment. For this I prefer the injection of the pure tincture of iodine, which produces a certain amount of irritation of the sac,—enough to prevent a reproduction of the fluid.

Some surgeons suppose that to prevent the effusion and effect a radical cure it is necessary to produce adhesion of the opposing surfaces of the sac. Others, including Mr. Erichsen, believe, on the contrary, that after this mode of treatment adhesion does not occur. My own opinion is that a cure may be effected in either way; while adhesion does undoubtedly occur in some cases, it is by no means invariable. In some instances no adhesions have been found on dissection, and yet the hydrocele had been cured. There must have been some change in the tunica vaginalis itself.

The older pathologists would have said that, in a hydrocele, the true balance between the exhalants and the absorbents was destroyed,—that, in such a case, exhalation was greater than absorption. Their treatment would have been to endeavor to restore the proper balance.

Observe the shape of the tumor. It is pyriform,—larger above than below. This sac is not so tense as we sometimes see.

It is important to make the diagnosis from hernia. The neck of a hernia would pass up within the inguinal canal, but, as you see, this tumor can be entirely isolated in the scrotum. Viewed by transmitted light, hernia would be opaque; the hydrocele, translucent.

Before injecting the iodine we will endeavor to empty the sac as completely as possible. Grasping the hydrocele with my left hand, so as to make the skin tense, and knowing that the testicle is at the back part, avoiding the veins, I make a quick thrust with the trocar and canula. The instrument should at first be pushed directly backwards, and then the handle depressed, so as to avoid wounding the tes-

ticle. On withdrawing the trocar a clear liquid flows out.

The fluid of a hydrocele may coagulate spontaneously. I have seen one or two such instances. It is always highly albuminous. The spontaneous coagulability is, I believe, only met with at second or later tappings, and is probably the result of previous inflammatory action.

When the sac is completely emptied, inject pure tincture of iodine, one to three drachms, according to the size of the sac. I will use three drachms here. The iodine is now injected, and as I withdraw the canula I guard the opening so as to prevent the escape of the fluid from the sac, and allow it to remain in.

The former plan was to use a large quantity of a diluted tincture of iodine or a solution of iodine and iodide of potassium, and to allow the fluid to flow out again through the canula before the latter was withdrawn.

Prof. Syme's plan, which I employ, was to use a small quantity (f℥j–iij) of the pure tincture of iodine and allow it to remain in the sac.

By a little manipulation we bring the fluid in contact with all parts. In a day or two the swelling returns: in fact, it becomes almost as large as before the operation; but it then gradually subsides until the cure is completed.

Convalescence is hastened by strapping the testicle as we would in orchitis. The patient should be confined to his bed, or at least a lounge, for two or three days. Strapping alone has been used to effect a radical cure after drawing off the liquid.

Another method is that of introducing a seton. Sir James Simpson used silver wire for this purpose; but the silver does not excite a sufficient amount of inflammation. The disadvantage of the silk thread, on the other hand, is that suppuration is apt to follow.

The success of the treatment by injection is well established. Prof. Syme declared that he had never met with a failure. I have myself, however, sometimes had to repeat the operation.

NÆVOID SARCOMA OF THE LEG.

This patient presents a tumor upon the inner side of the leg just above the ankle. She has had from birth a small discolored spot on the leg,—a nævoid condition of the skin. Within a short time this growth, which has been rapidly enlarging, has begun to ulcerate, slough, and bleed. It is, I believe, a sarcoma associated with a nævoid growth. It was a nævus first,—a teleangiectasis,—followed by the development of sarcomatous tissue around and beneath. It is evidently not a pure nævus, and, on the other hand, we rarely have a pure sarcoma bleed so profusely as this has done.

There may be some difficulty in closing the wound, as the skin is pretty widely involved. The edges of the growth are indurated, red, and infiltrated. When sarcoma affects the soft tissues it is often an infiltrating disease, but not so markedly as carcinoma. We will close the wound as well as possible with hare-lip pins and press the parts into apposition. The central portion of the wound may have to heal by granulation. The operation will present no difficulty, and, I think, will promise a good result. The growth is freely movable and does not involve either bone or tendon, so that there will be no risk of impairing the usefulness of the limb.

You observe I make the lower incision first, going up in the sound skin above, and I now separate the tumor by tearing, not by cutting. The vascular character of the disease is shown by the very free bleeding as the parts are divided, the hemorrhage, however, ceasing as soon as the growth is removed. A simple angeioma would show a congeries of vessels with hardly any other tissue; but portions of this growth are, as you observe, quite dense and firm.

We will paint this wound with a weak solution of the chloride of zinc (gr. xv–f℥j), not strong enough to produce sloughing. The use of this substance was strongly praised by the late Mr. De Morgan after all operations. He used stronger solutions,—twenty, thirty, and even forty grains to the fluidounce.

We here use four pins, the parts being moulded into position, and, though we shall not get primary union, yet, when the pins are taken out, there will be less surface to heal by granulation. I place an interrupted stitch at each end, and the wound is supported by strips of adhesive plaster placed between the pins and in a spiral direction to prevent the possibility of exerting undue circular compression. I cut off the points of the pins. Over this we place some oiled lint, and, as we will

not disturb the dressing for forty-eight hours, we will cover this with oiled silk; waxed paper has hardly stability enough to last so long a time. Now place a bunch of oakum over the side of the leg, as a pad, and apply a roller from the foot nearly to the knee.

SEBACEOUS CYST OF THE FACE.

This man has a tumor just below the right eye. Its nature seems to be cystic. The skin is adherent from the result of irritation and inflammatory action. It is rather hard to distinguish between a cyst with very hard, firm walls and a fibrous tumor which is not cystic.

We hasten anæsthesia by compressing the chest as the patient breathes out. By doing so we expel some of the residual air from the patient's lungs and compel him to breathe more of the anæsthetic vapor. In giving ether, watch the color of the patient and the respirations; if you use chloroform you must also watch the pulse. There is no danger in giving ether while the respiration is full and the color good. The patient may, however, be endangered from fluids and vomited food accumulating in the back part of the mouth and occluding the air-passages.

The incision is made in a curved direction, to make the cicatrix as little apparent as possible. There is no suspicion of malignant disease, and it is not necessary to remove any skin; the cutaneous adhesion is simply due to inflammatory action. The contents are atheromatous and sebaceous matter.

These growths are classified by Paget as cutaneous, proliferous cysts. The cyst-wall becomes thickened by successive layers of epidermis which are pushed inward, forming concentric laminæ. If any portion of the wall should remain after the operation, there would be a chance that the cyst would return.

When we loosen the adherent skin from the surface of the cyst, we can often turn it out with the handle of the knife. The most difficult cases to deal with are those whose seat is near the external angle of the eye, where they are always closely adherent.

The wound is closed by silver sutures, and the parts further supported with strips of gauze painted with collodion, so that, as far as possible, union by first intention may be secured. The wound is then covered with lint spread with zinc ointment and strips of adhesive plaster.

TRANSLATIONS.

APHTHOUS VULVITIS AND GANGRENE IN YOUNG CHILDREN.—Prof. Parrot (*Revue de Médecine*, 1881, p. 177) says that this form of disease is not necessarily confined to the vulva, but may also appear about the perineum, around the anus, in the genito-crural folds, and in the groins. It is by far the most frequently met with in the vulva, however.

The aspect of the affection varies according to its stage. At the beginning it consists of small hemispherical patches, whitish or grayish-white in color and somewhat elevated even when excavated at the centre. Their diameter varies from one to three or four millimetres. They are formed in the same way as aphthæ of the mouth, and show little or no colored areola. In some cases the epidermis is destroyed and the vesicles rest upon a red and moist surface. The number of the lesions is variable. Sometimes there are only two or three; occasionally they are confluent; but commonly from six to twelve are encountered in a group or isolated.

Such is the first stage of the eruption; but after the lesions have existed for two or three days the disease commonly assumes a somewhat different aspect. In addition to the lesions above described, roundish, cup-shaped ulcers may be descried here and there, with grayish or yellowish base surrounded by a red areola and very often attended by pruritus, which may show itself among the first symptoms and sometimes assumes marked proportions, causing constant rubbing on the part of the little patients. Energetic means must be taken in order to prevent such scratching as shall result in wounds of the parts about the ulcers. These ulcers may be quite extensive—even three square centimetres (an inch or more)—in area.

This ulcerative stage is that in which the affection is usually encountered. Whether the affection will recover spontaneously is questionable. Perhaps it might in healthy children who are only slightly attacked. Parrot, however, treats all his cases from the beginning. When the treatment acts successfully, the discharge and tumefaction

soon diminish, the borders of the lesions sink, and by the end of twenty-four hours the lesions are level with the skin; they grow smaller and smaller, and finally disappear without leaving any mark or cicatrix.

When the case is improperly treated, or when left without treatment, the ulcerative process goes on, and gangrene may result.

Gangrene is not, properly speaking, a complication of aphthous vulvitis, but is rather one of the forms of this disease which may show itself under circumstances as yet imperfectly. When gangrene is about to supervene, the ulcers are seen to become covered with grayish-brown or blackish patches; the adjacent parts become livid, swollen and indurated, and painful. When sphacelus does occur, it proceeds with great rapidity, preceded by the redness and tumefaction of the parts about to be attacked. In some cases it seems as if nothing could arrest the disorganizing invasion of the disease. Parrot has seen not only the vulva and labia destroyed, but, in part, the perineum, anus, rectum, and the skin about the thighs in the neighborhood, and the coccyx. All the mortified parts are black as if stained with ink, and give out a fetid odor. When the patients survive, the eschars, which are always moist, are detached in large pieces, leaving such considerable lacunæ of tissue that it seems scarcely possible they can be filled up. However, the reparative action is often as active as the destructive action which had preceded it, and the loss may be entirely made up.

Constitutional disturbance does not generally show itself except in the gangrenous variety, and this latter, though usually consecutive to aphthous ulceration, sometimes occurs independently of it.

The ordinary variety of aphthous vulvitis follows a different course according to the seat of the lesions. Those about the anus are apt to be the slowest in healing, and no case should be considered cured until the folds of the anus up into the rectum are carefully examined. It is a curious fact that the inguinal and other neighboring glands are not enlarged.

The etiology of aphthous vulvitis is one of the most interesting points in the study of this disease. As to age, thirty-three out of fifty-six patients were between two and four years old. As to sex, Parrot remarks that he has met with one case of balano-posthitis in a little boy. Measles occurred in thirty-nine cases, showing a very strong causative connection between this fever and the aphthous ulceration. It would be going too far, however, to consider this relationship as constant. Prof. Parrot found the aphthous inflammation in no fewer than sixteen cases where there was no pyrexia. Whooping-cough, varicella, erysipelas, pneumonia, and diphtheria have each been noted in connection with the affection under consideration, but it is questionable how far they may have any specific causative influence.

The treatment of aphthous vulvitis is a matter of much moment. At first Parrot used to employ the usual remedies in vogue,—topical emollients, cataplasms, tonic, detersive, and absorbent powders, as charcoal and quinine, aromatic wine, chlorate of potassium,—all without avail. At present he is much more successful, thanks to a single topical application,—iodoform. As soon as the affection has developed, a fine layer of iodoform powder is applied to the affected parts on a bit of cotton, and the opposing sides are kept apart by means of patent lint. This application is renewed every twenty-four hours until a cure is attained, which is not very long. The anus does not yield so easily to treatment as the vulva, but it does heal after some weeks, and these masses of sphacelus formerly observed are no longer seen.

THE CHARACTERISTICS OF CICATRICES.—Prof. Parrot (*Le Progrès Médical*, June 11, 1881), in a lecture on the traces of hereditary syphilis in infants, describes the various scars left by eruptions of different kinds, as follows.

The cicatrices of variola are scattered over the general surface, but occur chiefly upon the face. This topography, as well as their irregularity, distinguishes them from the scars of syphilis. The cicatrices of varicella, when present, are chiefly found upon the face; they are small, and do not show a pigmentary zone at any time. Impetigo affects chiefly the scalp, and after cure leaves little or no mark. The same may be said of pemphigus, scabies, and ecthyma. Syphilitic gummata are usually situated upon the limbs; they result in large, deep ulcers followed by irregular cicatrices often adherent to the adjacent parts. The scars of burns are easily distinguished; they are large, of irregular

contour, pearly-bluish in color, often covered with ridges, and without any specific location. They are often seen side by side with syphilitic cicatrices, but there is no difficulty in distinguishing them. The scars left by croton oil are punctate, more uniform than those of syphilis, and are usually found grouped on the abdomen or some particular part of the thorax.

The scars of syphilis as found in children are circular in outline, with a regular contour, though this may not be very sharply defined. Depending upon the time they have lasted and other circumstances which usually escape us, they are slightly raised above the general surface of the skin, or more frequently are depressed, perhaps to the depth of half a millimetre. Their surface is often smooth; at other times it is a little irregular, with small depressions. No ridges or bridles are ever seen. The color of the lesions is a matter of great interest; it varies with their age. Usually it is at first uniform and of a violaceous tint, but soon it changes to three distinct shades,—in the centre a whitish disk which grows whiter every day, then a violaceous zone, and at the extreme periphery a second band of brownish red, less sharply defined than the preceding. Little by little the red or violaceous coloration observed at first is effaced, while the white becomes more distinct and the brown areola darker. The latter is much more marked in brunettes. In blondes it is sometimes almost invisible. It persists a long time, but disappears finally, and cannot usually be detected after the sixth year. The cicatrices also gradually disappear, and after adolescence can often only be discovered by the aid of a lens.

A Contribution to the Histology of Keloid.—Schwimmer (*Cbl. f. Chir.*, 1881, p. 339; from *Vierteljahrschr. f. Derm. u. Syph.*) saw, in one case of a woman 35 years of age, one hundred and five spontaneous keloid tumors, varying in size from bean- to thumb-size, and mostly seated upon the right breast and right side of the back. The tumors were firm, slightly movable, mostly covered with normal skin; here and there one was shiny red and showed numerous small vessels. Some were roundish; others showed processes running into the neighboring skin. The affection had developed slowly during six years, without giving rise to subjective symptoms. No cause for the appearance of the tumors could be ascertained. On extirpation of a tumor, another one formed in its place.

A second case occurred in a healthy girl of 17. The appearances were the same as above, the seat of the tumors being in the right half of the thorax. Some tumors had coalesced and looked like manifold-lobed bladders. On the trunk scar-like white patches were found strewn. The largest tumor having been extirpated and its seat cauterized, a healthy scar was still existent five months later, around the borders of which, however, could be seen a slight, suspicious elevation.

Microscopic examination showed atrophy of the epidermis, the formation of peculiar vesicles and nuclei, disappearance of the papillæ, atrophy of the hair-follicles and sebaceous glands. The tumors were found to begin directly under the epidermis, and to consist of thick and thin fibres running parallel to the surface. The tissue was richer in cells than fibrous tissue, and showed numerous endothelial cells from obliterated vessels. Vessels were rarely present. The sclerotic connective-tissue bundles appeared to start from them and run crosswise through the tumor.

The appearances thus presented are different from those noted by Langhans and Kaposi, from the fact that atrophy of the epidermis was present and that the tumor was not sharply defined from the normal tissues in which it lay. It was not, however, a cicatricial keloid, since the tumors arose spontaneously and the arrangement of the fibres was different.

Tincture of Winter-Green as an Antiseptic. — Dr. Gosselin (*Arch. Gén. de Méd.*; from *Bull. Gén. de Thérap.*, 1881, vol. i. p. 335) uses two solutions,—No. 1 containing 5 grammes of oil of gaultheria; No. 2 containing 2.5 grammes of the oil to 100 grammes of alcohol and 50 grammes of water. These solutions are antiseptic and have been used with success in dressing wounds.

A New Febrifuge.—M. de Vry (*Revue de Thérapeutique*, 1881, p. 286) describes a new febrifuge,—borate of quinoidine. Among other advantages, the new remedy is said to cost only one-tenth as much as sulphate of quinia. It is somewhat less active, however, than the latter well-known medicine, doses of double the weight being required to produce the same effect.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, SEPTEMBER 10, 1881.

CORRESPONDENCE.

LONDON LETTER.

THE great International Medical Congress has come and gone, and a monster gathering it has been,—one that will be memorable for long,—representatives of medicine from far and wide. France sent Charcot, Bouchut, Léon Labbé, Guéneau de Mussy, and others; Germany, Virchow, Langenbach, Liebreich, Volkmann, Busch, and a host more of well-known names; Braun, Kaposi, and a few more came to represent Austro-Hungary; Italy sent Bacelli, Tommasi, Casselli, and other illustrious representatives of medicine; Donders and Stokvis head the list of those who came from Holland; Reverdin brought some colleagues from Switzerland; Russia sent a contingent with the most wonderful names; while other countries, even to the Argentine Republic, were represented. The United States of America were well represented by Fordyce Barker, Austin Flint, Marion Sims, Lewis Sayre, G. M. Lefferts, Paul Mundé; by Bigelow, Otis, H. C. Wood, Minis Hays, Billings, D. W. Yandall, R. Battey, Davis, of Chicago, and a legion of others whose names are too numerous for mention. The venerable and sombre College of Physicians looked quite gay with the awning on each side of the entrance,—like an old dame in a clean apron. The informal reception was held on Tuesday afternoon, when the College was crowded by faces and figures unwonted and unfamiliar to it. Some new pictures were mustered to smarten up the old walls. On Wednesday morning the first meeting was held in St. James's Hall, which was completely filled. Royalty was present in the form of the Prince of Wales and his brother-in-law the Crown Prince of Germany. Sir William Jenner opened the proceedings, speaking somewhat nervously, interrupted by repeated bursts of applause. William MacCormac, the Honorary Secretary-General, then read a lengthy report, which was listened to somewhat impatiently. He told of the labors of the officials, the generosity of certain bodies allowing their halls to be utilized for sections, the myriads of circulars issued,—indeed, the Atlas-like performance which had been achieved. Letters in their native languages had been addressed to such foreign potentates as the Emperors of Russia and Japan and others, who had graciously acknowledged their receipt. The names of the commissioners from the various foreign countries were then formally read. He concluded by announcing that a commemorative medal had been struck, in the preparation of which some of our first artists had been engaged, so that "no effort had been spared to render the meeting a success." This tedious matter being completed, Sir James Risdon Bennett, as Chairman of the Executive Committee, then spoke, bursting into French, to the surprise of many, giving all a hearty welcome. The Prince of Wales, who is a very happy speaker, then spoke a few sentences which called forth repeated applause, and declared the Congress open. After this, Sir James Paget delivered an address in his wonted mellifluous language, in which he alluded to the advantages which accrued to all from such gatherings, with their interchange of thought; pointed out how an intellectual advance in one direction was usually accompanied by almost synchronous progress in others, instancing how the researches into minute organisms apparently destitute of any practical value had led to some most important doctrines in organic chemistry,—had brought about a most beneficial change in practical surgery, and promised to do as much for medicine; they concerned the highest interests of agriculture, while their influence probably did not rest here, but had promise in the future. It was all spoken in the most natural manner, yet it is asserted that it was a great mnemonic feat, as it was all already in print and was committed to memory word for word. If this is so, it only makes it all the more remarkable as a performance of no ordinary character.

The first meeting was a complete success. At 2 P.M. the Sections commenced work in earnest. The Anatomy Section was presided over by Prof. Flower, F.R.S., supported by Macalister, of Dublin, and Turner, of Edinburgh. Physiology was presided over by Michael Foster, F.R.S., the illustrious Cambridge professor and well-known author of the Hand-Book, with Pavy, F.R.S., Rutherford, F.R.S., of Edinburgh, and Purser, of Dublin, to assist him. Pathology found S. Wilks, F.R.S., worthily filling the chair, with Sayer Bristowe, F.R.S., Jonathan Hutchinson, and Burdon Sanderson, F.R.S., as Vice-Presidents. In Medicine, Sir William Gull, F.R.S., presided, supported by Prof. Gairdner, George Johnson, F.R.S., R. Quain, F.R.S., and William Roberts, F.R.S. Surgery found Erichsen in the chair, with E. H. Bennett, of Dublin, Humphrey, F.R.S., of Cambridge, and Savory, F.R.S., supporting him. In Obstetric Medicine, McClintock, of Dublin, was in the chair, with Barnes, Braxton Hicks, F.R.S., Matthews Duncan, and Priestley as Vice-Presidents. Diseases of Children was presided over by West, aided by Dr. Gee and Timothy Holmes. In the Section devoted to Mental Diseases, Lockhart Robertson was in the chair, supported by Crichton Browne and Maudsley. The ninth Section embraced Ophthalmology,

with Bowman in the chair, and Critchett, Henry Power, Argyl Robertson, and Swanzy as Vice-Presidents. Diseases of the Ear found Dalby presiding, with Cassells, of Glasgow, and Fitzgerald, of Dublin, to support him. The eleventh was devoted to Diseases of the Skin, where Erasmus Wilson presided, with Cheadle, of St. Mary's Hospital, and Liveing to assist. Diseases of the Teeth had Edwin Saunders in the chair, with Tomes, F.R.S., and Spence Bate, F.R.S., as Vice-Presidents. The thirteenth was State Medicine, presided over by John Simon, having for Vice-Presidents George Buchanan, De Chaumont, Norman Chevers, Douglas Maclagan, and Netten Radcliffe. Military Surgery and Medicine had as President Prof. Longmore, with Sir William Muir, Dr. J. W. Reid, and Sir Joseph Fayrer, K.C.S.I. and F.R.S., as Vice-Presidents. Last, but not least, Materia Medica and Pharmacology brought up the rear, with Prof. Fraser, of Edinburgh, in the chair, with Lauder Brunton, F.R.S., Rawdon Macnamara, and Sidney Ringer, as Vice-Presidents.

It would be invidious to attempt to contrast one Section with another: there was plenty of work for all. Representative men were found in all Sections. I have the honor to conclude the big volume of over seven hundred pages, containing abstracts of the papers to be read in the different Sections; and when my paper was read, Lauder Brunton, H. C. Wood, and Sidney Ringer were there, the two first taking part in the discussion on "Strychnia as an Expectorant;" so that personally I can have no grounds for grumbling: and I believe others regarded themselves as equally fortunate. In each Section the President gave an introductory address, and Prof. Fraser told how the recent Anti-Vivisection Act was carried out practically. He had been refused a license to test the properties of a poison used by the natives of Borneo on their arrows, by the subcutaneous injection of the poison to rabbits. Scientific research in England is evidently arrested for a time when even this may not be done by the successor of Sir Robert Christison in the chair of Materia Medica in the University of Edinburgh. The work accomplished everywhere told of zeal and enthusiasm, of an honest appreciation of the work of all, the speaker and the listener alike and in turn, each as ready to act as to learn, to listen as well as to be listened to. All, however, "knocked off," in workman's phraseology, early, to listen to Rudolph Virchow give an address on "The Value of Pathological Experiments." It appears that a new society for the protection of animals has been established in Leipsic, which is agitating for a law to punish vivisection by imprisonment and deprivation of civil rights. He held that if the advocates of vivisection cannot make good their claim before the world the cause must be looked on as a lost one. He pointed out how dissection of the human body fought its way against tremendous opposition. The discovery of "cells" was then given as an illustration of the aid science can give to medicine. He spoke warmly on behalf of the study of symptoms, now so much neglected. "Have symptoms no more any importance for the physician? Can a diagnosis be made without a knowledge of symptoms?" he asks, with a ring of audible scorn. It is the "why" of symptoms which gives them their value to the scientific physician. The progress of ophthalmology was used as an illustration. "The principle of modern medicine," he said, "is localization." Much more followed, wise, thoughtful, right-minded, and full of interest, well worth reading and study by all, but which cannot be reproduced here: the address can only be recommended. It concluded with an eloquent defence of vivisection and vivisectors, their motives and their practices, against the calumnies uttered by their opponents.

After this address there followed a swift and complete dispersion of the individual units to their different festive entertainments, where hospitality profuse and unstinted was shown on all sides. Perhaps there may have been individual exceptions, but the general testimony was satisfaction to repletion; and with the genial enthusiasm and *bonhomie* consequent upon a good meal, all met again at 9.30 in the South Kensington Museum to a conversazione, at which the Prince of Wales and the Crown Prince were present. This ended the first day.

On Thursday morning, work commenced by an exhibition of some rare cases of living specimens in the Museum. A large number of the foreign visitors spent their morning in going over the leading hospitals, as Guy's, the London, St. Thomas's. It indicates the managing powers of the Congress that none of the many excellent special hospitals which exist in London, and which are quite taking the lead of the general hospitals in their special departments, were noticed at all in the proceedings. In the Section on Diseases of Children, Lewis Sayre's treatment of spinal curvature was resumed in discussion. All thinking and reflecting surgeons see the soundness of the plan and the utility of his jacket in bending and yielding spines, as a preventive, as well as in the rectifying of distorted spines.

The subject of localization of function in the brain received a considerable amount of attention. First, Brown-Séquard had his say against it; then Prof. Goltz blew his trumpet on the same side, and exhibited a dog in which he had successfully (?) destroyed all the so-called cerebral centres except the anterior-frontal convolutions; yet the animal, eight months after this mutilation, performed all its movements in a normal manner. Thus challenged, Prof. Ferrier trumped Goltz's card

with a monkey in which the centre for movement by flexing the fore-legs was destroyed, the animal manifesting undoubted and indisputable evidence of a corresponding loss of power. In this case the mutilating operation had also been performed a number of months previously.

The subject of antiseptic surgery was thrashed out in the Military Surgery and Medicine Section. Some microscopical demonstrations of double and treble staining of tissues were given. The address on "Le Scepticisme en Médecine, au Temps passé et au Temps présent," to have been delivered by the late Prof. Maurice Raynaud, of Paris, was read by his friend Dr. Féréol. A banquet was given in the evening by the Lord Mayor to two hundred and sixty of the members of the Congress. Here was again much private entertainment also.

On Friday all was in full swing at the sectional meetings. The subject of oöphorectomy was started by its originator, Battey, who pleased those whom he did not convince as to the possibility of diagnosing a misplaced ovary by external manipulation. At the conclusion of the morning sitting in the Obstetric Section was held a meeting of American delegates to constitute a committee to thank the Britisher for his hospitality. Pallen was asked to take the chair, and he presided admirably. The stalwart figure of D. Yandell was seen to erect itself, and shortly the deep notes of his sonorous voice were heard in all their impressive slowness. The scene was an interesting one for a person who is not personally acquainted with Americans. The sonorous "ay," "ay," heard from all parts of the room when a motion was put, reminded one of the old Puritan ways, and contrasted with the noiseless lifting of the hand which is the practice with us. A handsome, tall, well-built crowd they were, very English-looking, —not one corresponding to the American type of the caricaturist. Their expressions of satisfaction with their treatment were very gratifying to the ear of one of their hosts. The visits to the hospitals were resumed. The eloquent address of Dr. Billings on "Our Medical Literature" was listened to attentively by an admiring audience. Among other matters, he contrasted the profusion, the luxuriance of growth, of medical journals in his own country, with the paucity of like journals in England,—her old journals, however, being planted in very secure foundations, while very few new ones were started.

The medical ladies were indignant at being excluded from the Congress, and, smarting under the indignity, held a garden-party at their School of Medicine in the afternoon, at which a number of sympathizers were present. (The daily press gave more prominence to those present at this gathering than at any other in the Congress. *Absit omen!*)

In the evening one of the most striking of all the receptions was held, viz., a conversazione in the Guild-Hall, given by the Lord Mayor and Corporation of the City of London to a certain number of the members of Congress and their ladies. The hospitality was at once generous and genial. A selected number of guests were invited; but the Londoner repeated what he practised when the British Medical Association was here in London,—viz., pushed in himself and almost overlooked his guests. Many who might very fairly have expected to be invited among these guests were overlooked, while very ordinary Londoners moved heaven and earth, or their local city equivalent, to procure tickets for themselves. Fortunately, all the rooms were thrown open, so that there was space for all the multitude who thronged there, to see a sight probably few will see again. But of this I speak only from hearsay.

On Saturday morning the Sections went to work with a will, as there was much to be done in the way of excursions. In the Materia Medica Section, H. C. Wood opened a discussion on a most interesting subject,—"The Nature and Limits of Physiological Antagonism." The subject of nephrectomy received further attention.

But Saturday is the day of excursions *par excellence*. At noon a large party went to visit the Sewage Farm of Croyden, to inspect the works, the farm, and the river Wandle, into which the outflow of the sewage farm falls, bright and transparent and containing shoals of fish. Others went to Folkestone to do honor to the memory of Harvey, the discoverer of the circulation of the blood, who was born there in 1578. On the tercentenary of his birth a memorial window was placed in the parish church. A movement was set on foot by Dr. G. Eastes, a member of the Harveian Society, to erect a statue to his memory at the same time, which has been successful. A handsome statue of Harvey was unveiled by Prof. Owen, C.B., who delivered an address in which he eloquently defended the practice of vivisection from the aspersions and calumnies of its wrong-headed opponents. The Southeastern Railway granted free passes, and the Mayor and Corporation entertained the visitors afterwards in the Town Hall with a handsome collation. Others wended their way to Hampstead as the guests of Mr. Spencer Wells, and enjoyed the garden-party much. In the evening a dinner was given to a party of the members at the "Star and Garter," Richmond Hill, by the United Hospitals Club. All were ready for a quiet Sunday, regretting that Dean Stanley could not deliver the sermon which he had promised and to which all had looked forward with so much anticipation. The genial catholic-minded dean was lying beside his wife in Westminster Abbey, having died of erysipelas just before the meeting of the Congress. Stanley, Rolleston, Raynaud, and many more who were

to have taken part in the Congress have been removed by death since the first arrangements were made. Mr. Erasmus Wilson had a party of fifty down by a special train to visit him for the day at Margate. For the bulk who remained at home the Botanic Gardens and the Zoological Society's Garden were thrown open. One of the curious accidents of imperfect arrangement was that on visiting the Zoo and presenting their card of membership the porters refused to admit any lady. "The card admits the member only," was the steady answer. To whose fault of omission or whose "pure cussedness" this ungallant conduct is due is unknown; but the step gave universal offence. It was at once uncalled for and discreditable; for the Zoo was just the place of all places to which to take a lady. Nor was the company gathered there very select. Most of the subscribers to the Zoo had left town and given the tickets remaining unused to their domestics, who naturally wished to see the doctors. Consequently, the members of the International Medical Congress had ample opportunity for observing on a large scale the domestics of our "good families" and their friends,—a well-behaved but not very distinguished section of the body social. This, together with the refusal to admit "ladies" with the members, excited a good deal of sharp criticism.

On Monday, the Sections went to work with a "slaughter of the innocents" in the way of getting through the papers remaining unread. The great event of Monday was the garden-party given by the Baroness Burdett-Coutts in the afternoon. The weather, which had hitherto been all that could be wished, became contrary, probably surprised at its own good conduct, and a steady rain spoiled the programme, though some thousand and odd were entertained in-doors. In the evening a dinner was given to the foreign members by the Society of Apothecaries, and later on there was a conversazione at the Royal College of Surgeons, which was well attended.

Tuesday was the last day. The Sections worked off their list as best they could. At 2 P.M. there was a general mutual-laudation meeting, as is the usual finish to such gatherings. Those concerned patted each other on the back, complimented each other, and were certain all had been managed to the best of human ability. And, on the whole, the thing was fairly managed. Of course there were "hitches," and some visitors overlooked who ought to have been honored; but, after all, the thing was creditable to man in his unglorified state. The seventh meeting of the International Medical Congress was declared a complete success,—"the largest gathering of medical men ever known." The weather had repented itself of its outbreak of temper, and it was once more sunny and breezy when the remains of the Congress betook themselves to the Crystal Palace for a spell of relaxation. A few wended their way to the Isle of Wight to take their part in the annual meeting of the British Medical Association, which commenced at Ryde on Tuesday, the 9th, under the presidency of Mr. Benjamin Barrow. Certainly some fresh air and a taste of the "briny" would be very acceptable after the sojourn in London. And so ended the "monster Congress," and—well, we are glad it is successfully over.

The meeting of the British Medical Association was a small one indeed,—but the semblance of a meeting; nor was there anything of interest brought forward in the Sections. Any man who had anything to say delivered himself thereof at the Congress. The British Medical Association meeting was but the "after-pains" of the act of parturition.

J. MILNER FOTHERGILL.

PROCEEDINGS OF SOCIETIES.

AMERICAN DERMATOLOGICAL ASSOCIATION.

FIFTH ANNUAL MEETING.

Held at NEWPORT, Rhode Island, August 30 and 31 and September 1.

THE first day's proceedings were opened by an address from the President, Dr. James Nevins Hyde, of Chicago, entitled

THE RELATIONS OF DERMATOLOGY TO PERIODICAL MEDICAL LITERATURE.

After alluding to the addresses of his predecessors, which contained an account of the rise and progress of American dermatology, the speaker said it was his purpose to inquire briefly what may be rightly expected of periodical dermatological literature in its attempts to supply the needs of the profession at large, respecting chiefly the diagnosis and treatment of skin diseases. Such literature exists in the form of special journals on one hand and current general medical issues on the other. The list of the former is limited, their subscribers also are limited, and the number of general practitioners who consult them is smaller still. Most medical men derive their knowledge of dermatological subjects, limited or the reverse, from the vast number of general medical journals published here or abroad.

Contributions on dermatology to general medical journals, which, from their wider circulation, secure a more extensive reading, may be assigned to four categories:

1. Solid and praiseworthy observations of fact, or deductions of a trustworthy character from the observations of others.

2. Reports of imperfectly-observed facts, and crude opinions derived from these imperfect observations.

3. The worthless papers of men totally ig-

norant of the meaning of the terms they have attempted to employ and of the significance of the relation of the facts observed to each other or to other facts beyond the scope of their recognition.

4. A class of papers which are negatively a source of mischief, worked chiefly, however, to the authors themselves. These are written by men who should know well the subjects which they attempt to discuss, if we judge them from the stand-point of position and experience. But, either from an undue haste originating in the pressure of many duties, or from a foolish desire to identify themselves speedily with the subject upon which they write, or even from other motives not of the highest character, they deluge the medical press with voluminous papers filled with verbose iterations of ideas made public before their day, often by others in much better form, which serve to encumber the world with a little more of the rubbish swept annually by a pitiless indifference into the limbo of the forgotten.

A comparison of the papers published in the last few years with those of an earlier date shows a very marked improvement and promises well for the future. On some topics, however, there is room for more extended knowledge among the mass of the profession; and these are just the ones where the possession or absence of information will make the difference between brilliant success and dismal failure.

The speaker then went on to allude to the various affections of the skin in which mistaken diagnoses are frequently made, and touched upon the popular errors in etiology prevalent. Some of the popular errors which require refutation or correction are the following:

1. That because a disease exists and is visible on the surface of the body it for that reason alone requires active internal or external treatment. Some diseases of the skin need no treatment. These cases occur to all of us in our daily experience. The speaker had recently observed forty cases of rötheln, in not one of which was any drug administered, and in none did any accident occur worthy of mention beyond the usual features of the disease.

2. That because a disorder of the skin exists it can always be readily relieved by an expert. There are cutaneous maladies which prove inevitably fatal. There are others of such an inveterate character that the skill of the most practised is unable to give relief.

3. That, after relief is secured by treatment, many diseases of the skin may be so managed that they will not recur. This implied demand seems to be made upon the dermatologist alone. The patient with a fractured leg does not ask of his surgeon a guarantee that he will not suffer a similar accident if he again falls beneath the wheels of a rolling car. The convalescent from a follicular enteritis does not demand a future immunity from errors of diet in an unfavorable season or an unpropitious climate; and so the patient with a disease of the skin should not expect to be protected against the results of neglect or imprudence. Some diseases of the skin recur continually and will do this for a lifetime. It is true that these recurrences usually result from adverse extrinsic influences; but it is often not in the power of the physician to set these aside. In such cases he discharges his full duty when he forecasts the future and describes the results of the best treatment under forbidding circumstances.

4. That the expert, upon examination of but a portion of the affected integument, is competent to pronounce at once upon the character of a disease. No opinion is worth the time of the patient or consultant which is not based upon a most careful, exhaustive, and patient investigation, not only of the visible symptoms present to the eye upon the surface, but also of the history of the case and all other pathological facts obtainable. Strange that the dermatologist alone should be supposed absolved from the necessity of a careful study of his cases. It is a common experience to be shown a patch of diseased skin or a few distorted hairs, upon which follows the inevitable question, "What do you call this?" The speaker had recently been stopped on the street by a physician of large practice and wide reputation,—doubtless on his way to the bedside of his patient,—who hurriedly demanded, "Please tell me how to treat eczema?"

5. That a practising physician need not always make an accurate diagnosis, and that a failure on his part to do this need not be considered as perilous to himself. The time has passed when intelligent patients can be put off with a long-sounding name and a prescription written in a dead language. For many of them it will no longer suffice to be informed that they are affected with a "disease of the skin." They demand what the affection may be, and sooner or later patients of this class lose confidence in the physician who attempts to treat without knowing the name or nature of the affection with which he has to deal, and find out for themselves the person who is competent to describe their condition and to advise them judiciously with regard to its management. We, who often are consulted at this juncture, are sometimes compelled to listen, with a feeling of shame for our profession, to indignant reproaches on the lips of those who but a brief time before trusted to the honor and relied on the skill of our brothers in medicine.

Let no man regard these statements in the light of a plea for a wider range of possibilities for the consultant. The educated gentlemen who have made themselves masters of any special department of science, in this

country, certainly have found no lack of appreciation and that reward for skilled labor which all honest work inevitably yields. They surely need have no plea entered for them. This Association has steadily set its face in the direction of the needs of the physician in general practice with respect to a knowledge of cutaneous diseases, and has made a most important and valuable advance in the diffusion of such knowledge in America. If the words of the speaker could be interpreted as a plea, they should be held as pleading for higher attainments on the part of the general practitioner.

6. That such remedies as mercury, arsenic, and the iodide of potassium may be administered in any case where an accurate diagnosis has not been established, and in such cases may be used unadvisedly. Said the physicians of a past generation, "When you do not know what else to do, treat for syphilis." It is difficult to touch upon this point without seeming to exaggerate. It is not too much to say that for one patient who is benefited by the administration of these remedies in the hands of incompetent men, there are ten who are made worse. The vulgar idea that all disorders of the integument are in some obscure way to be connected with a syphilitic taint in one generation or another, the erroneous opinion that syphilis descends through many generations and lurks obscurely in the eczema of the infant, the psoriasis of the adult, the sycosis of the young man, or the acne of the young woman,—these are the spectres that scare the foolish, whether they call themselves doctors or laymen. It should be considered a crime to subject a man or a woman to a systematic mercurial course for the relief of an affection supposed to be syphilitic, but in reality not such.

7. Lastly, that the study of diseases of the skin is the pursuit of a narrow specialty, leading to a knowledge of superficial eruptions upon the surface of the body, and to an ignorance of the functions and maladies of important internal organs. Yet he who would specially devote himself to the investigation of the disorders of the skin requires fully as much as his fellows the amplest preparation in a finished medical education and experience, and when at last ready for his work he will discover, if he has not done so before, that he needs to be a physician in the highest sense of the term. There is no organ of the body, in health or in disease, which it may not become his duty to explore and investigate.

In conclusion, the speaker said that he had appended to his address a general alphabetical index, by authors and subjects, of all original communications which have appeared in the pages of our special dermatological journals, including also the papers written by members of the Association and published elsewhere.

Dr. Charles Heitzmann, of New York, read a paper entitled

A CONTRIBUTION TO THE MINUTE ANATOMY OF THE SKIN.

The writer described investigations made by himself in normal skin, chiefly as to the structure of the hair, going to show that the prevalent views as expressed in text-books and shown in pictures of the microscopic appearance of normal hair are erroneous and require revision. They are chiefly based on the researches of Biesiadecki, Kölliker, and himself, made many years ago, each subsequent writer having copied his predecessor or having at most blindly followed these investigators. The structures of the hair were simpler than described. The paper was accompanied by a number of drawings, and, in addition, by a complete and perfect section perpendicularly through the centre of the hair, perhaps the finest which has ever been made, and which showed each structure as in a schematic drawing.

Dr. James C. White, of Boston, read a paper entitled

THE LIMITATIONS OF INTERNAL THERAPY IN SKIN DISEASES.

The writer said he would like to approach the consideration of the subject from a purely empirical stand-point, uninfluenced by theories and traditions, and supported only by the results of observations made and recorded in ways recognized as strictly scientific. Cutaneous pathology offers an exceptional field for the study of drugs introduced through the stomach; for, in addition to the ordinary means of judging their effect, the phenomena of tissue-change or modification of function occur directly under the eye. Yet cutaneous internal therapeutics is no more fixed or satisfactory in its results than the therapeutics of general medicine. In spite of great activity and the fact that novelties even called specifics in skin diseases are scattered all along the history of medicine, only a few agents have attained and preserve a well-established reputation as serviceable in limited fields of usefulness. Dermatologists of repute in different countries still adhere to certain remedies from motives of conservatism or patriotism, while those of other countries cling to their pet drugs and regard foreign treatment as obsolete and erroneous. This unsatisfactory and contradictory condition of affairs must continue until better methods of study are adopted and the faults of individualism eradicated.

It would not be boastful to say that nowhere does there exist a body of dermatologists so broadly cosmopolitan in spirit and training, and representing such varied opportunities of research as are afforded by wide differences in climate and race, or one more

competent for such work, than the gentlemen who compose the American Dermatological Association.

The writer went on to sketch an imaginary committee who should conduct a systematic investigation of new drugs. When a member of the Association should present a paper on the specific effect of some drug in this or that affection, this would be submitted to the committee, who should follow some well-established procedure in testing its merits. In this way the Association would do much to discourage the loose writing and the claims based on insufficient observation which generally herald the introduction of each new remedy. To such a committee might be referred not only all appropriate communications presented to the Association, but all doubtful questions of importance in therapeutics, which now vex us so frequently, of old or new origin.

The following subjects of investigation might be cited by way of illustration:

1. The action, beneficial or injurious, of our most celebrated springs in affections of the skin. A report on this subject would do much to clear away the atmosphere of charlatanism which has hitherto obscured it, and develop some knowledge of certain characters regarding it, which the profession of this country has so long needed.

2. The power of electricity over the so-called neuroses of the skin (including zoster).

3. To what extent may certain substances in common use be applied to the skin without danger, viz., compounds of zinc, lead, mercury, carbolic acid, etc.?

It is unfortunate that so few beds in hospitals are under our control, and that we must rely upon the voluntary visits of out-patients. But, even with such opportunities only at our command, much may be done.

The speaker then went on to speak of the vague and meagre knowledge possessed on the action of drugs on diseases of the skin, as illustrated in systematic treatises, going over each class of diseases *seriatim*, and stating the amount of exact knowledge possessed as to the influence of drugs internally administered on each. The number of individual affections of the skin recognized by us approaches closely one hundred. How many of these are under the direct control of internal medication in any uniform or marked degree? The speaker wished he might claim such power over ten of them,—such power as arsenic may exhibit in psoriasis, as mercury almost always does in syphilis, and which makes external treatment unnecessary.

The writer did not mean to deny that much may often be done to hasten their good work by the simultaneous use of remedies which elevate the general tone of the patient's functions and tissues, when needed, together with local treatment. The whole patient must always be considered. Moreover, the writer did not believe that the narrow limit of our exact knowledge on this subject could not be enlarged. He would encourage any experimental studies, empirical or philosophical, in this direction. It is the manner in which this important subject has been hitherto so generally treated, so detrimental to scientific progress, which he deprecated. But a frank confession of our present inabilities is an essential step in any real advance.

Dr. Heitzmann expressed his pleasure at hearing such sceptical views expressed. Men like Erasmus Wilson had done serious injury to dermatology by hastily asserting the influence of internal medication in diseases of a purely local character and indiscriminately.

(To be continued.)

REVIEWS AND BOOK NOTICES.

THE MOTHER'S GUIDE IN THE MANAGEMENT AND FEEDING OF INFANTS. By JOHN M. KEATING, M.D., Lecturer on Diseases of Children at the University of Pennsylvania, etc. Philadelphia, Henry C. Lea's Son & Co., 1881. 12mo, pp. 118.

This is one of the best books of the kind we have ever seen. Though popular in the sense of being intended as a hand-book for young mothers of the more intelligent classes, it is strictly scientific. Dr. Keating possesses the fortunate faculty of being clear and concise while writing in a charming style, which makes his little book entertaining reading. He considers his subject under three heads,—the general management of the infant from birth to dentition, general management during dentition, and management after early dentition. Most of his counsels are of a hygienic character; but he also gives some directions for the guidance of mothers whose children may be attacked by sudden illness when far from the aid of a physician. We can cordially recommend this mother's guide to the notice of physicians desiring to place a work of the kind in the hands of their patients.

GLEANINGS FROM EXCHANGES.

REMARKABLE CASE OF SYPHILITIC ENDARTERITIS OF THE CEREBRAL ARTERIES IN A CHILD AGED FIFTEEN MONTHS.— Dr. H. Chiari, of Vienna, gives the following case. A female child, apparently healthy, was born at full term, of a mother aged twenty-one years, who had been married about four years to a man suffering from syphilis. She had previously been delivered of a dead infant, ten months after her marriage, and nearly two years after was treated by Prof. Zeissl for

roseola and ulceration of the pharynx and tonsils.

The first six weeks of the child's life were free from disease; then moist papules appeared about the anus and poisonous patches on the feet and hands; later, other pronounced syphilitic lesions occurred. After those first described had yielded to treatment, these (faucial ulcers, nasal catarrh, epidermic lesions) also yielded to treatment. At the age of eleven months, symptoms of central nervous affection were observed,—viz., ptosis of the right eye, dilatation of left pupil, paralysis of the right facialis; also apparently a gummy tumor on the right half of the tongue. Despite treatment, the child continued to emaciate, the symptoms persisted, and four months later the right side of the body was completely paralyzed. Epileptic attacks closed the sufferings.

Post-mortem examination.— Large fontanelle still open; inner meninges, in general, markedly œdematous and somewhat thickened; many small, flat, whitish patches on the arachnoid and pia, both over the convexity and the base of the brain. There were counted at least twenty such patches of large dimensions over the left cerebral hemisphere, besides many smaller ones, and perhaps as many over the right; about the large basal arteries of the brain there was moderate thickening; the most of these, and especially the vertebrals and basilar, exhibited great alterations; their walls were thickened and hard to the touch. Upon making sections into the vessels the following was noted. The basilar artery in its posterior two-thirds and the vertebrals in their upper parts were completely obliterated by a softish tissue. In both vertebrals, just below their obliteration, were old blood-clots, making complete thrombosis. Both internal carotids and the sylvian arteries, especially the left, had irregularly thickened walls; the other arteries of the brain appeared of delicate structure. The brain itself contained a moderate amount of blood, and was very soft. The cerebrum exhibited here and there, both in the medullary portion and in the large ganglia, whitish-yellow masses of distinct contour and varying in size up to a pin's head. The ventricles were of the usual dimensions. The right facial nerve was somewhat thicker than the left. There were characteristic ulcers of the larynx, soft palate, and tonsils. The liver was rather firm.

Microscopic examination.—The inner meninges everywhere exhibited an infiltration of small cells; the flat, whitish patches proved to be products of inflammation, as they consisted of granulation tissue and dilated vessels. The arteries at the base of the brain illustrated perfectly the so-called syphilitic endarteritis. Cross-sections in the posterior two-thirds of the basilar artery showed this vessel to be filled with gummy connective tissue, with numerous round cells, spindle cells, and cells with several processes. There were brown pigment-granules in the connective tissue, and perfect blood-vessels, capillaries, and others with a distinct muscular coat. The fenestrated membrane was broken through in many places, through which the new connective tissue blended with that in the middle coat, which had degenerated and was traversed with newly-formed vessels. The adventitia was thickened and likewise infiltrated with small cells. The upper portions of the vertebrals were in the same condition. The thrombosed parts of the vertebrals as well as the diseased internal cavities and sylvian arteries exhibited in spots a thickening of the intima, a formation of connective tissue in the place of the delicate endothelium, which, overlying this, was apparently in a state of proliferation.

The whitish-yellow spots in the cerebrum were cell-infiltrations, possibly the outcome of embolism.

The right facial nerve exhibited a greater infiltration of small cells than did the left one. In the liver was found great increase of the interstitial connective tissue.—*St. Louis Courier of Medicine;* from *Wien. Med. Woch.*, November 18, 1880.

Inoculability of Tuberculosis.— Dr. W. F. Whitney, in a paper read before the Suffolk County Medical Society of Massachusetts (*Boston Medical and Surgical Journal*, vol. cv., No. 4, 1881), says, "The conclusion which we are obliged to draw is that there is still uncertainty in the matter, considering that all the experimenters are not agreed in the results which they have reached. It is true that almost all have obtained an eruption of miliary bodies after injections, inhalation, and feeding with what was presumably tuberculous material; but the interpretation as to what these really were has differed with the experimenter,—the one side holding that they were simple inflammatory products, the other that they were true tubercles. Then, again, allowing that they are tubercles, is the tubercle the result of a specific process, or is it simply one of the expressions of inflammation that may arise as the result of various irritants?

"Taken by themselves, the latest experiments of Cohnheim, Tappeiner, and Orth, who are perhaps the more worthy of belief in that they have been able to avoid some of the errors of the earlier investigators, seem to point clearly to the fact that tuberculosis is an acute infectious disease; and Klebs has proposed for the nodules of syphilis, glanders, and tuberculosis the name of infectious tumors rather than that of granulation tumors, under which name they have been associated together by Virchow on account of their histological character; and Cohnheim has gone so far as to propose as a test for tubercle, not its histological structure, nor its peculiar ar-

rangement of cells of varying size, without vessels and with a tendency to cheesy degeneration, but its capability of inoculation.

"But, whatever may be the opinion of individuals, the mass of scientists have a right to demand more and clear proof; and it may confidently be expected, with the light thrown upon the subject already, that within the next five or ten years sufficient proof will be furnished to prove or disprove the question.

"So much for the scientific aspect of the question; and while we are waiting for this solution of the subject, there are hints thrown out in these experiments which may serve as guides in practice. It is with this in view that I have brought the experiments before you according to the ways in which the substance has been introduced into the body, and these, as you remember, are by direct inoculation, as food, and by inhalation. The first need not detain us. As to the second, there is little danger of directly eating tubercle, it is true, but there is a disease of cattle which has only very slight anatomical differences from, and is believed by the greater part of observers to be identical with, human tuberculosis; and if the results obtained by certain experimenters are verified, it does not require a very acute mind to see the danger of infection that is run by all of us, but especially by children. Our present state of knowledge does not warrant us in getting up a popular excitement or scare on the subject, but it behooves us as physicians to thoroughly investigate the source of supply when we place a patient upon milk diet, and, above all, when we wish that a weakly child should have the milk of one cow, be sure that that cow is healthy.

"The other possibility of infection lies in the atmosphere in the neighborhood of tuberculous patients becoming charged with particles by their expirations and coughing. And, knowing how utterly powerless we are to cure the disease when once established, we should impress upon those in close attendance upon the sick person the necessity of holding their breath when duty or affection brings them into close proximity to the face of the sufferer, especially during the act of coughing; also the great desirability of keeping a strong solution of carbolic acid or thymol in the vessels used for the reception of sputa from such patients, especially in hospitals, where the patients had perhaps best be kept in a separate ward."

THE ACTION AND USES OF CITRATE OF CAFFEIN. — Dr. Brackenridge (*Edinburgh Medical Journal*, August, 1881), in an article on this subject, gives the following conclusions regarding the employment of citrate of caffein:

1. In cases in which the renal glandular epithelium is diseased, is already doing a maximum amount of work, or is exhausted, this drug is unsuitable and should not be administered. 2. During recovery from acute desquamative nephritis, when renewal of the renal epithelium has reached a certain point, citrate of caffein cautiously administered has appeared to me to have had a decidedly beneficial effect; possibly, in such cases, it may exert a trophic as well as a secretory stimulant influence. 3. In such cases, as the arterial blood-pressure is tolerably normal, citrate of caffein should be given alone, not in combination with a vascular diuretic. 4. In cases of cardiac disease, with absence of compensation, and resulting diminution in the blood-pressure and flow of blood through the kidney, general dropsy, and transference of work in the kidney from the filtering to the secreting structures, a vascular diuretic, such as digitalis, must be employed in the first place to restore those conditions in the kidney which are essential to the action of citrate of caffein. For this purpose digitalis should be administered for a short period—one to three or four days—before commencing the citrate of caffein. 5. Citrate of caffein employed in this manner in conjunction with digitalis—which, for obvious reasons, must not be discontinued when the caffein is commenced—is a diuretic of extraordinary power, acts with great rapidity, and is especially valuable in this respect, that it causes a great increase in the elimination of urea (and probably of other solids) as well as of water. 6. It must, however, be remembered that special and powerful stimulation of any gland, especially if it be in a state of malnutrition, may, and usually does, lead sooner or later to exhaustion, and must therefore be regarded as at best a temporary expedient and of limited duration. 7. For this reason very large doses of citrate of caffein should be avoided. He has found gr. iii, administered once, twice, or three times daily, according to the circumstances of the case, amply sufficient for all purposes. 8. Whenever the beneficial effects of the drug have been attained, we should at once endeavor to render them permanent by suitable diet, well-selected chalybeate and other tonic remedies, or other remedial measures indicated by the special circumstances of the case. 9. Finally, in cases of very great ascites, in which the blood-pressure in and the flow of urine through the kidneys is interfered with by pressure on the kidney and the renal artery and vein, and in which the pressure of the urine within the capsules is increased by pressure on the ureters, neither vascular nor secretory diuretics, alone or combined, can act efficiently until the pressure of the ascitic fluid has been got rid of. 10. The citrate of caffein may be administered either in pill or in solution.

A CASE OF HYPODERMIC INJECTION IN NÆVUS.—Dr. S. Hudson says, "I observed a short article in the last number of the *Recorder*, from a correspondent of the *British Medical Journal*, on the danger of hypoder-

mic injections of tincture of iron in nævus. I, too, have had some experience in the use of injections in nævus, though not with the iron. About three years ago Mr. T., a young man about twenty years of age, came to my office and showed me a small warty excrescence on the end of his left index finger. He informed me that at times it bled profusely, and desired me to take it off. Without further examination or thought, I took my hypodermic syringe with a strong solution of nitrate of silver—perhaps three or four drops—and injected it into the nævus. In less than five minutes he was suffering the most intense pain and agony; his hand and arm up to his elbow became white and cold; and for three hours we labored constantly, rubbing and bathing it in hot cloths. I finally succeeded in quieting him with morphine, and his father took him home. The next morning I had the mortification to see that two of his fingers were dead—the first and second—to the second joint, and I feared from his appearance that he would lose his arm, if not his life. We did all we could in order to restore the warmth and color to his hand, but all to no purpose, for in less than a week the index finger (in which I inserted the solution) and the next one to it were black and dry as far up as the second joint, and his suffering for ten days was terrible. In eight weeks a line of demarcation commenced forming, and I had the *pleasure* of amputating the poor boy's fingers just above the second joint.

"I censured, reproached, and cursed myself and everybody else. Others had used hypodermic injections in nævus; I had used them before, with no unpleasant results; and why all this trouble? I could readily understand what was the cause of such unpleasant results. The solution had entered a small blood-vessel, producing coagulation and thrombus, but it was too late to remedy my mistake. The community, I can assure you, gave me no credit for the matter, and the friends of the boy were advised to prosecute me.

"The hypodermic syringe is a great favorite with me, but I do not believe I shall ever use it again in nævus with a solution of nitrate of silver or tincture of iron."—*Ohio Medical Journal.*

CONGESTION OF THE LUNGS IN SUNSTROKE.—Dr. G. Harrison Younge (*British Medical Journal*, vol. i., 1881, p. 881) has no doubt that the congestion of the lungs observed in sunstroke results from paralysis of the pneumogastric nerves, at the same time that there is irritation of the sympathetic, and, moreover, that death is in a great measure due to these lesions. The symptoms that point to this are occipital headache, difficulty of deglutition, oppressed and labored breathing, tumultuous action of the heart, rapid full pulse, and nausea, with endeavors to vomit. On post-mortem examination, the heart is found rigid and firmly contracted, the arteries are empty, while the venous system is overloaded, and the lungs are gorged with blood and more or less œdematous. If this condition is contrasted with the post-mortem appearances in cases where division of the pneumogastric nerve has occurred, a striking analogy will be seen between them. The probability of the symptoms above detailed being due to paralysis of the pneumogastrics is further increased by the fact that the sun exerts its principal influence on the medulla oblongata, and that in these cases there is always more or less evidence of paralysis of the other nerves arising from this part of the brain. Dr. Younge thinks death due in a great measure to the same cause, though, of course, the increase of temperature has much to do with it. He suggests stimulation of the pneumogastric nerves by electricity as a part of the treatment in sunstroke.

CARBOLIC ACID.—M. Lucas-Championnière (*Chirurgie Antiseptique*, etc., 2me éd., Paris, 1880) endorses Nussbaum's suggestion to rub the hands with a mixture of one part of crystallized carbolic acid and nine parts of vaseline before beginning an operation that is to be conducted under the spray, in order to avoid the unpleasant effect of the spray upon the hands.

The same author (quoted in *Union Médicale*, February 20, 1881) recommends the following formula for an antiseptic solution, in which the odor of carbolic acid is mitigated: Crystallized carbolic acid, 50 parts; thymol, 1 part; glycerin, 50 parts; water, 1000 parts.

Guénot (*Concours Médicale*, May 21, 1881) relates a case of facial erysipelas and one of malignant pustule in which signal benefit followed injections of a two-per-cent. solution of carbolic acid into and around the inflamed parts. Sixteen drops of the solution were injected at each puncture, of which five were made in the one case and seven in the other.

The *Canadian Journal of Medical Science* for May, 1881, gives the following formula for an improved styptic: Collodion, 100 parts; carbolic acid, 10 parts; tannin, 5 parts; benzoic acid (from the gum), 5 parts. Mix the ingredients in the order here written until perfect solution is effected. The preparation has a brown color, and on evaporation leaves a firmly adherent pellicle. It instantly coagulates blood, forming a consistent clot, and a wound rapidly cicatrizes under its protection.

NASO-CRANIAL OSTEITIS.—Prof. Fournier, in a lecture on the syphilitic form of this affection, thus concludes:

"1. If, in the great majority of cases, syphilitic nasal osteitis creates no danger to life, there is, nevertheless, one kind which is an exception to the rule. This kind is osteitis of the roof of the nasal fossa (*naso-cranial osteitis*), which owes its dangerous character entirely to its locality.

"2. The danger of this naso-cranial osteitis is a tendency to irradiate towards the organs

contained in the skull, the transmission being anatomically propagated by various lesions, the most common and principal ones of which are meningitis, encephalitis, and abscess of the brain.

"3. Clinically, these cerebral complications present themselves under two forms:

a'. A chronic form, characterized by vague symptoms of encephalitis, slowly progressive, with sudden and apoplectiform termination.

b'. An acute form, characterized by symptoms of an incomplete, irregular encephalitis, which becomes rapidly mortal.

4. It is not rare for these cerebral complications to remain absolutely latent, in a clinical sense, and terminate in an unexpected manner by a sudden death of a fulminating character."—*St. Louis Medical and Surgical Journal;* from "*Annales des Maladies de l'Oreille,*" etc.

PERIODS OF INCUBATION OF THE COMMUNICABLE DISEASES.—Dr. B. W. Richardson gives a list of twenty-five communicable diseases which have a period of incubation. He adds a list of eleven diseases concerning which it cannot be said certainly that they have a period of incubation. These latter are: catarrh, puerperal fever, pyæmia, hospital gangrene, sloughing phagedæna, phagedæna, remittent fever, intermittent fever, choleraic diarrhœa, cerebro-spinal fever, carbuncle.

The diseases attended with stages of incubation are conveniently divided into five groups:

Shortest.—Incubation one to four days: Malignant cholera, malignant pustule, plague, catarrh, dissection wound diseases.

Short.—Incubation two to six days: Scarlet fever, rosalia idiopathica, diphtheria, dengue, erysipelas, yellow fever, pyæmia, influenza, pertussis, glanders, farcy, grease, croup, puerperal fever.

Medium.—Incubation five to eight days: Relapsing fever, gonorrhœa, vaccinia, inoculated variola.

Long.—Incubation ten to fifteen days: Smallpox, varicella, measles, rötheln, typhus, typhoid, mumps, malarial fever.

Longest.—Incubation forty days or more: Syphilis, hydrophobia.

EXOPHTHALMIC GOITRE TREATED BY QUEBRACHO. — The patient was a woman, thirty-seven years of age, of neurotic temperament, and suffering from menstrual derangement. Dr. Draper remarked that organic lesions of the heart were frequently diagnosed in Graves's disease when only functional derangement exists. Where moral causes, grief, disappointment, shock, are at the root of the evil, time was the great restorer. Exophthalmic goitre dependent upon anæmia, chlorosis, menstrual trouble, dyspepsia, or glycosuria, demanded treatment directed to the conditions with which it was associated. This patient was put upon iron in the form of a carbonate, digitalis, and the alkalies. Rest was imperative. Patients of this class were liable to congestion, epistaxis, and œdema of the lungs, under an exaggeration of the original neuroses. This woman had an attack of pulmonary œdema, which was associated with exaggerated resonance and an entire absence of moist râles. She was relieved by the use of quebracho, morphine, nitrite of amyl, and local remedies. Two weeks later the patient had so far improved, under the use of iron and cardiac stimulants, that she was able to walk about the wards. Dr. Draper has employed the iodide of potassium under similar circumstances, with gratifying results in a few cases. (New York Hospital.) —*New York Medical Record.*

BELLADONNA AND ARSENIC IN THE SICKNESS OF PREGNANCY.—Dr. W. Macfie Campbell writes to the *British Medical Journal* (vol. i., 1881, p. 881) a case of distressing and rebellious vomiting in pregnancy where two minims of tincture of belladonna in a drachm of water, given every hour, put an end to the trouble completely. In another case, in a young lady, where an attack of acute ovaritis was followed by general peritonitis, several days' incessant retching had reduced the patient so greatly that collapse was hourly expected. Five minims of the tincture of belladonna in water were given every hour until six doses had been taken. On the doctor's next visit he learned that his patient had vomited only twice; and that symptom never returned.

Dr. John Warren (*New York Medical Record*) says that he has found Fowler's solution, given in drop doses on an empty stomach, comes nearer a specific for this affection than any other remedy. After it has been continued some time, benefit comes from suspending it in favor of nitro-muriatic acid with tincture of nux vomica, especially if anorexia exist or there is inactivity of the liver or kidneys.

CYSTS OF THE CERVIX UTERI FILLED WITH AIR.—At a recent meeting of the New York Obstetrical Society, Dr. T. A. Emmet narrated a case as follows. A patient, upon whom Dr. J. R. Ripley had operated for a deep laceration of the cervix some months ago, had returned to him recently, and, on making an examination, he detected with the finger a number of supposed cysts on the cervix. When he punctured one of them, it was found to be distended with air, which escaped with an explosive sound like that from suddenly crushing an inflated paper bag. Dr. Emmet had been shown the case by Dr. Ripley, and he found a number of such air-sacs, varying in size from that of a millet-seed to one as large as a cherry-stone. He had seen reported somewhere one or two instances of like collections of air in the vaginal tissue, but never in the cervix. He supposed they were originally ordinary cysts, the

contents of which had undergone decomposition in some way and left the sac distended with air. He asked if any of the members present had seen such or the report of a similar case. Dr. Noeggerath and Dr. Thomas replied in the negative.—*New York Medical Journal*, July, 1881.

COMPOSITION OF JABORANDI.—A new preparation of jaborandi has been introduced in Italy under the name of *pilocarpina sciropposa pura*, which, dissolved in water and applied to the eyes, will cause myosis, which ceases after an hour, when mydriasis will follow and last for twenty-four to sixty hours. Pure pilocarpin and its salts are said to never produce this secondary mydriasis in any dose. Taking a quantity of this preparation and adding a little hydrochloric acid, Dr. Albertoni found that most of the substance crystallized. These crystals, being separated and washed with ether, produced myosis only. The non-crystallizable portion, being also applied to the eye, caused mydriasis, resembling in a general way the effects of atropia, and not those of pilocarpin. This new product he calls *anti-pilocarpin* (*Medical Times and Gazette*; from *Gior. della Saluta*).—*New Remedies*, April, 1881.

POLYURIA SYPHILITICA.—According to Prof. Semmola, there exists a new form of cerebral syphilis, the symptom of which is polyuria. Prof. Semmola has observed three cases. One of the patients observed, within twenty-four hours, excreted forty-three litres of urine, the specific gravity averaging between 1001 and 1003. All the curative remedies which were given proved not only unavailable, but even increased the symptoms, until he found traces of an old constitutional syphilis. Recognizing that a syphilitic process may have developed upon the floor of the fourth ventricle, reproducing pathologically the physiological experiments made by Claude Bernard, he submitted the patient to hypodermic injections of the albuminate of mercury and to the internal use of the iodide of potassium. The cure was effected within two months.—*Courrier Méd. Gaz. des Hôp.* (*Exchange*).

ATROPIA IN VISCERAL HEMORRHAGE.—Tacke (*Berliner Klinische Wochenschrift*, 1881, No. 6; quoted in *London Medical Record*, April, 1881), having injected sulphate of atropia subcutaneously for eczema in a female patient ($\frac{1}{200}$ grain twice daily for two days), noticed that the menses, which had been very profuse, became moderate and remained so. The same result he has seen follow five times in two other patients, and in a case of hemorrhage from the lungs the hemorrhage twice ceased immediately on the injection. He holds that as a remedy for visceral hemorrhage it is preferable to extract of ergot (1) on account of its certainty and (2) because, in the strength used by him (about $\frac{2}{3}$ grain to an ounce of distilled water), it does not cause the inflammation which almost invariably follows the subcutaneous injection of extract of ergot.—*New York Medical Journal*, July, 1881.

THE ADMINISTRATION OF PURGATIVES BY HYPODERMIC INJECTION.—Much attention has been directed in Germany and Italy to finding some means of replacing tartar emetic, ipecacuanha, and saline and vegetable purgatives of all kinds, by simple hypodermic injections of apomorphia and aloin (the alkaloid of Socotrine aloes). Just as with a subcutaneous injection of apomorphia effects of nausea and vomiting have been obtained, so with a warm aqueous solution of aloin ($\frac{1}{15}$) injected in the thigh or forearm there have soon been produced true symptoms of purgation. In these cases the remedy does not act by direct contact with the gastro-intestinal mucous membrane. These, as the *Paris Médical* says, are very singular facts, which call for serious study and verification.—*Medical Press and Circular*.

ANTISEPTIC INHALATIONS IN PULMONARY PHTHISIS.—Dr. Coghill (*Practitioner*; from *British Medical Journal*, May 28, 1881) recommends the following formula in phthisis when the purulent stage is coming on. It is also useful in the purulent expectoration accompanying pneumonia, in the profuse expectoration of purulent bronchitis, as also in bronchial asthma.

℞ Tinct. iodini etherealis,
Acidi carbolici, āā ℥ij;
Creasoti, vel thymoli, ℥j;
Alcoholis ad ℥i.—M.

Patients, while using this form of inhalation, frequently experience great relief from the aches and flying muscular pains which often occasion much distress in the advanced stages of phthisis.

INUNCTION AS A REMEDY FOR LOCAL INFLAMMATION.—Dr. Edward T. Williams, in a letter to the *Boston Medical and Surgical Journal*, highly recommends the old-fashioned remedy of applying oil or grease externally for acute inflammations. He has used it for years, and finds it a very efficient substitute for a poultice. In almost all forms of acute inflammation of the thoracic and abdominal viscera, also in inflammatory sore throat, abscesses, and some cutaneous eruptions, it is very valuable. He generally orders lard,—which is to be found in every household,—simply rubbed upon the skin and covered over with a piece of flannel. If a stimulating effect is wanted, he adds a little salt, when the mixture answers as well as camphorated oil.—*New York Medical Record*.

HAMAMELIS VIRGINICA AS A LOCAL APPLICATION.—Mr. Netherclift (*British Medical Journal*, June 18, 1881) uses an extract of hamamelis called "hazelin" as an application to irritable and inflamed piles at the margin of the anus. He bathes the anus with the solution three or four times a day,

while a piece of lint dipped in it is kept applied to the anus during the intervals. All urgent symptoms, as a rule, pass away in from twelve to twenty-four hours. In chronic and intractable ulcers of the varicose or eczematous description, excellent results have been afforded by using the "hazelin" (probably the same as our "Pond's extract") after the fashion of a water-dressing.

EUCALYPTUS GLOBULUS AS AN ANTISEPTIC DRESSING.—Prof. Lister (*Practitioner;* from *Lancet*, May 21, 1881) believes the oil of eucalyptus to be a perfectly trustworthy antiseptic, while free from the toxic or locally irritant effects of carbolic acid. Dammar varnish holds the oil in combination and prevents its too ready evaporation. Gauze impregnated with this mixture and paraffin has been prepared, and is in appearance and feel exactly like carbolated gauze, while it is unlike it in having an agreeable aromatic odor.

THE BROMIDES IN RELATION TO TRAVELLING.—Dr. E. J. Tilt (*British Medical Journal*, vol. ii., 1881, p. 11) says that he has often enabled nervous and delicate women to travel long distances with comfort by telling them to take twenty-five grains of bromide of potassium, dissolved in a wineglassful of cold water, on going to bed, after travelling all day. A good night has enabled most of them to continue their journey the next day and on the following day by taking the same dose of the bromide on each successive night.

TREATMENT OF IMPETIGO "LARVALIS" BY IODOFORM.—Mr. Balmanno Squire (*British Medical Journal*, vol. i., 1881, p. 767) softens and removes the scabs by bathing them in warm water and soap, then dries the surface gently and dusts on a powder of equal parts of iodoform and starch (later iodoform alone), covers this with a layer of glycerin laid on with a camel's-hair brush, and repeats the operation every few hours. Rapid cure ensues.

ADMINISTRATION OF IODIDE OF POTASSIUM.—A good way to administer the iodide of potassium, says Dr. Webster, is in the form of a saturated solution, the dose being five drops in a little water three times a day after eating. The quantity should be increased to the extent of from one to three drops with each succeeding dose. One minim holds about a grain of the drug.—*New York Medical Record.*

TINCTURA FERRI CHLORIDI.—Dr. H. Hagar recommends that tincture of chloride of iron be mixed with simple syrup and then with milk, this mixture not affecting the teeth nor the usual styptic taste being apparent.—*Druggists' Circular.*

ANTISEPTIC VACCINATION.—E. F. Green (*Lancet*) suggests the use of carbolic spray during vaccination and the hermetic covering of the wound afterwards.

MISCELLANY.

SEA-AIR AND INFANTILE DIARRHŒA.—The Sea-Shore Home has just issued its annual report for 1880. Dr. Edward T. Williams, the physician in charge of the Home for several years, thus sums up his experience:

"1. Sea-air is *not* an infallible cure for infantile diarrhœa. Some cases will die under the best management.

"2. The vast majority of cases get well, if removed early and properly fed and cared for.

"3. After decided collapse and head-symptoms come on, death is the rule, recovery the fortunate exception.

"4. Bronchial and pulmonary complications are usually aggravated by the cold air.

"5. Not a few cases are made worse by exposure in stormy weather and the cold nights of the last of August and September; at these times both fires and extra clothing are needed, and some take cold in spite of them. Indeed, it has seemed to me that the autumnal diarrhœas are chiefly caused by cold and are unsuited for the sea-side."—*New York Medical Record.*

CASE OF POISONING BY BITTER ALMONDS.—A man thirty-eight years of age, having eaten nothing through the day, swallowed two handfuls of bitter almonds and a pint of beer. He shortly fell insensible, and when seen a little later by Dr. Green, of the Charing Cross Hospital, was collapsed, with gasping and labored breathing, cyanotic, with a hardly perceptible pulse, rapid and flickering, some dark mucus about his mouth; his jaws were fixed, teeth firmly clinched, pupils closed and perfectly insensible to light and touch, fæces passed involuntarily. The stomach-pump was used, and about a pint of thick brown fluid, containing a quantity of small white particles smelling strongly of hydrocyanic acid, was removed. The stomach was washed out, the battery used to resuscitate the nearly dead patient, and hot applications were made to the extremities. Later, inhalations of strong spirit of hartshorn were employed. The patient recovered.—*Medical Times and Gazette*, vol. i., 1881, p. 38.

READY METHOD OF PREPARING FOMENTATIONS.—Take your flannel, folded to the required thickness and size, dampened quite perceptibly with water, but not enough to drip, and place it between the folds of a large newspaper, having the edges of the paper lap well over the cloth, so as to give no vent to the steam. Thus prepared, lay it on the heated surface of the stove or register, and in a moment steam is generated from the under surface and has permeated the whole cloth sufficiently to heat it to the required temperature. This method is often very convenient and efficient where there is no opportunity to heat much water at a time.—*Michigan Medical News.*

THE REPORTING FIEND AGAIN.—Dr. John Ashhurst, of Philadelphia, in referring to some typographical errors in a recent report of his clinical lecture in the *New York Medical Record*, writes, "I wish to protest that I do *not* use, in gonorrhœa, injections of SIX OUNCES of acetate of lead to TWO OUNCES of water, nor do I attempt to cure CHANCRE with camphor and opium suppositories. I think *two scruples* to *six fluidounces* quite strong enough for the injection; and it is *chordee*, not chancre, the pains of which I attempt to relieve by the rectal administration of anodynes."

FLOWERY!—This is the way they begin the notes of cases in North Carolina: "Miss N. P., aged 19 years, of a nervo-sanguine temperament, with a heredity to melancholia on the father's side, a well-developed brunette, highly educated, wealthy, having been granted all the luxuries that fond and doting parents could give in an élite society, and adorned with all the graces that beauty and chastity [*sic*] could confer on the female. Menstruation began at fifteen years of age," etc., etc.

OBITUARY.—Dr. George Rolleston, Linacre Professor of Physiology in the University of Oxford, died on June 16 last, at the early age of fifty-one. His most widely known work is that on "The Forms of Animal Life."

ALLOCHEIRA is the name applied by Prof. Obermeister to the subjective error of locating an impression on the opposite side of the body to that where it is applied. Several cases are related of this curious affection. In one the man had syphilis, in another he had received an injury of the spine. In all cases the sensibility, as tested by the æsthesiometer, was normal.—*New York Medical Record.*

NOTES AND QUERIES.

IN Dr. J. H. Musser's remarks on primary cancer of the gall-bladder, in the *Times* for August 13 (p. 731), a transposition occurs which mars the sense. Under the microscopic appearances, the sentence should read, "Transposition from the catarrhal to the cancerous process," etc.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM AUGUST 21 TO SEPTEMBER 3, 1881.

WEBSTER, WARREN, MAJOR AND SURGEON.—Granted leave of absence for twenty days. S. O. 149, Department of the East, August 24, 1881.

MCCLELLAN, ELY, MAJOR AND SURGEON.—Relieved from duty in the Department of the Columbia, and to proceed to Louisville, Ky., and report by letter, upon his arrival there, to the Surgeon-General. S. O. 193, A. G. O., August 23, 1881.

WOODHULL, A. A., MAJOR AND SURGEON.—Relieved from duty in the Department of California, and to proceed to New York City and report by letter, upon his arrival there, to the Surgeon-General. S. O. 193, A. G. O., August 23, 1881.

BROWN, HARVEY E., MAJOR AND SURGEON.—Relieved from duty in the Department of Texas, and to proceed to New York City and report by letter, upon his arrival there, to the Surgeon-General. S. O. 192, A. G. O., August 22, 1881.

HUBBARD, VAN BUREN, MAJOR AND SURGEON.—The leave of absence granted him in S. O. 169, A. G. O., August 26, 1881, is extended eight months, with permission to go beyond sea. S. O. 193, A. G. O., August 23, 1881.

COUES, E., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for one month, to take effect when relieved by a medical officer, with permission to apply for three months' extension. S. O. 97, Department of Arizona, August 22, 1881.

BYRNE, CHAS. C., MAJOR AND SURGEON.—Relieved from duty at Angel Island, Cal., and assigned to duty as Post-Surgeon at Benicia Arsenal and Attending Surgeon at Benicia Barracks, Cal. S. O. 142, Military Division of the Pacific and Department of California, August 23, 1881.

DICKSON, J. M., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in the Department of the Columbia, and to proceed to New York City and report by letter, upon arrival there, to the Surgeon-General. S. O. 193, A. G. O., August 23, 1881.

KING, WM. H., CAPTAIN AND ASSISTANT-SURGEON.—To accompany Battery "I," Third Battery, to Yorktown, Va., and remain with it until further orders. S. O. 153, Department of the East, August 31, 1881.

WHITE, R. H., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for twenty days from 5th instant. S. O. 125, Department of West Point, September 2, 1881.

COWDREY, S. G., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in the Department of the Platte, and to proceed to New York City and report by letter, upon arrival there, to the Surgeon-General. S. O. 193, A. G. O., August 23, 1881.

ADAIR, GEORGE W., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for two months. S. O. 196, A. G. O., August 26, 1881.

SHANNON, W. C., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty at Fort D. A. Russell, Wyoming, and assigned to duty as Post-Surgeon at Fort Thornburgh (junction of White and Green Rivers), Utah. S. O. 81, Department of the Platte, August 22, 1881.

GARDNER, E. F., CAPTAIN AND ASSISTANT-SURGEON.—Upon being relieved by Assistant-Surgeon Bushnell, is relieved from duty in Department of Dakota, and will comply with Paragraph 3, S. O. 171, A. G. O. S. O. 150, Department of Dakota, August 17, 1881.

ROBINSON, SAMUEL Q., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty in the Department of Dakota, and to proceed to Boston, Mass., and report by letter, upon arrival there, to the Surgeon-General. S. O. 193, A. G. O., August 23, 1881.

POWELL, J. L., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Granted leave of absence for one month, to take effect as soon as the Medical Director of the department shall have completed certain inspection duty at Fort Stockton, Texas. S. O. 99, Department of Texas, August 13, 1881.

STRONG, N., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—To proceed to Park City, Utah, report for temporary duty to Commanding Officer of the troops *en route* to Fort Thornburgh, Utah, and remain on such duty until arrival of Capt. W. C. Shannon, Assistant-Surgeon, U.S. Army. S. O. 84, Department of the Platte, August 29, 1881.

ARTHUR, W. H., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Granted leave of absence for one month, to take effect from the date of return of Surgeon Forwood to Fort Omaha. S. O. 82, Department of the Platte, August 21, 1881.

BUSHNELL, G. E., ASSISTANT-SURGEON.—Relieved from temporary duty at Fort A. Lincoln, D.T., to take effect on his arrival at that post, and to proceed to Fort Ellis, M.T., and report to the Commanding Officer for duty at that post, to relieve Assistant-Surgeon E. F. Gardner. S. O. 150, Department of Dakota, August 17, 1881.